The Relationship Between Drug Use and Risky Sexual Behaviour

National Council on Substance Abuse

Jonathan M. Yearwood
Research and Information Officer

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ABSTRACT

The National Council on Substance Abuse (NCSA), as part of its mandate to stem the use and abuse of illegal drugs in Barbados, conducted a Focus Assessment Study that examined the relationship between drug use and risky sexual behaviour among drug using populations and HIV positive persons.

The study was based on quantitative and qualitative approaches which involved the use of questionnaires, focus group discussions and the opinions of Key Informants.

The study revealed that there existed a relationship between drug use and risky sexual behaviour. This relationship was more pronounced among persons who were involved in exchanging drugs for sex, who never used condoms or were inconsistent in condom use, had multiple sexual partners, used legal and illegal drugs, had sexual partners who used legal and illegal drugs and were opposed to using or did not like using condoms.

It was recommended that to reduce incidences of risky sexual behaviour a degree of behavioural change is required. However such a change maybe constrained by cultural or traditional approaches to sexual practices. It was therefore recommended that approaches to reduce incidences of drug use and risky sexual behaviour through behavioural change should include programmes which are community focused, contain elements of emotional support, close relationships with HIV positive persons and encourage the use of practical information particularly among at risk populations.

EXECUTIVE SUMMARY

The relationship between drug use and risky sexual behaviour and its possible link to the spread of HIV/AIDS, has caused some concerns to the Government of Barbados.

Drug use refers to the use of a psychoactive substance. A psychoactive substance is defined as a substance that, when ingested, alters mental processes, that is, thinking or emotion. That term and its equivalent, psychotropic drug, are the most neutral and descriptive terms for the whole class of substances, licit and illicit, of interest to drug policy. "Psychoactive" does not necessarily imply dependence-producing.

Risky sexual behaviour was generally considered to be the practice of engaging in a number of sexual practices and behaviours which may put your health at risk. These include having any form of sex without a condom including, anal sex, sex with someone who is HIV positive or known to have AIDS, traumatic sexual intercourse, oral sex, having sex under the influence of drugs or alcohol, sex with multiple partners and sex with sex workers rather than with someone you know.

To tackle problems of drug use and risky sexual behaviour there is the need to identify and quantify the nature and extent of the relationship between drug use and its impact on risky sexual behaviour. Through the use of Focus Assessment Studies (FAS), valuable information can be obtained that can guide policy makers and practitioners to develop programmes to reduce the prevalence of drug use and spread of HIV/AIDS.

The aim of the FAS, conducted by the National Council on Substance Abuse (NCSA) in collaboration with The National HIV/AIDS Commission, was to determine the extent of the relationship between drug use and risky sexual behaviour among drug using populations and HIV positive persons.

The study also attempts to examine the routes of administration of drugs among drug users, to assess the extent to which sex is being exchanged for drugs or for money, to assess the extent of persons' sexual risk for acquiring HIV infection and other sexually transmitted disease and to assess how a person's sexual risk for acquiring HIV is related to drug use.

The subjects of the research were the juvenile population currently at the Government Industrial School (GIS), the inmate population at Her Majesty's Prison (HMP), clients registered at the drug rehabilitation treatment centers of the Psychiatric Hospital, Verdun House, Teen Challenge, The Coalition Against Substance Abuse (CASA) and residents of the Elroy Phillips Centre for HIV positive persons.

The study used two approaches to acquire information from the population under study – a quantitative method, which involved the use of a survey of a random sample of the Prison population, a census of those incarcerated at the Government Industrial School, clients of the drug rehabilitation centres and residents of The HIV/AIDS centre. A total of two hundred and seventy-eight (278) persons were interviewed.

The qualitative approach, involved two processes. First, there were in-depth interviews with groups from the GIS, Her Majesty's Prison, Teen Challenge Drug Rehabilitation Centre and residents of the Elroy Philips Centre in Focus Group discussions. Second, there were interviews with Key Informants, who were individuals from national and community organizations and who interact with drug users and HIV positive persons on a daily basis. A total of fifty-seven (57) persons took part in focus group discussions and five (5) in the key informants were interviewed.

The study revealed that respondents were well versed in the connotation of what was considered legal and illegal drugs. Marijuana, alcohol and crack cocaine were the legal and illegal drugs used. Marijuana was administered through smoking and drank as a tea when boiled, alcohol was drank while crack cocaine was swallowed or smoked. Respondents reported a preference for marijuana and alcohol.

Although respondents did not define risky sexual behaviour they had admitted to sexual practices and other forms of behaviours which could place their health at risk. These included sex with multiple partners, including group sex and anal sex, sex under the influence of drugs and alcohol and exchanging drugs for sex. In addition, the inconsistent use or the absence of condom use during sexual intercourse was evident.

It should be noted that, less than one quarter (22.5% or 38 subjects) had contracted a sexually transmitted disease (STD). A profile of these subjects revealed that the highest incidence of STD infection was found among males in the 36-45 and 26-35 age groups, and subjects confined at Glendairy Prison or enrolled in a Non-custodial treatment program. No females, under the age18 or teen-aged residents at the Government Industrial School reported contraction of an STD.

The findings of the study showed that a relationship existed between drug use and risky sexual behaviour. Over sixty percent of the subjects have had sex under the influence of drugs. This practice was significantly more popular among male subjects of HMP and Treatment Centres as well as subjects over the age of 18 years. Subjects who have had sex under the influence of drugs had engaged in exchanging drugs for sex, never used condoms or were inconsistent in their use of condoms, have had multiple sexual partners, used legal and illegal drugs, had sexual partners who used legal and illegal drugs and were opposed to using or did not like using condoms.

The study showed that reducing the incidence of drug use and risky sexual behaviour requires a change in behaviour which should commence from primary school age. It was generally agreed that although there was an abundance of education and awareness programmes to stem the incidence of drug use and HIV, such programmes may have failed to achieve behavioural change since they may fail to show the link between education and awareness and the practical use of information. This will allow for the practice of a way of life and a life style that will not put persons at risk for contracting HIV.

The perspectives on the best practice on the delivery of anti-drug and HIV/AIDS messages varied among the participants. Among the under 16 year olds it was suggested that young adults,

(16-20 years) should be used as peer educators along with recovering drug addicts and persons who are HIV positive. In addition, mention was made of the effectiveness of television programmes, posters and advertisements on the American satellite television station, Black Entertainment Television (BET), as positive mediums for anti-drug and HIV/AIDS messages.

Young adults, between16 - 25, suggested a need for more anti-drug and HIV/AIDS messages produced in Barbadian parlance. It was also believed that concerts involving collaborative efforts with local calypsonians and Jamaican 'dub' and reggae artists could be used to attract the youth. A forum could then be created at such concerts to engage in discussions about anti-drug and HIV/AIDS messages.

The over 25 year olds agreed with the under 25 year olds in the need for continuous public education programmes. They acknowledged that current programmes were inadequate since they did not reach most people and would be best delivered by community leaders. Thus, information delivered through this medium would be more effective if educators mingled with naturally formed groups on the 'block'.

In addition, it was shown that approaches to reduce incidences of drug use and risky sexual behaviour should include programmes which are community focused, contain elements of emotional support, close relationships and HIV positive persons and encourage the use of practical information particularly among at risk populations. It was also mentioned that the introduction of new sexually active persons required ongoing educational programmes to address behaviours associated with risky sexual behaviour, modification of the type of behaviour and the patterns of sex acts being practice in Barbados. However, it was noted that efforts to stem incidences of drug use and behavioural change could be hampered by habit and or tradition as well as stigma and bias among educators and caregivers.

Finally, interventions which seek to reduce incidences of drug use and risky sexual behaviour should be sensitized to the complex nature of drug use and its relationship with risky sexual

practices. Anti-drug and HIV awareness messages should therefore capture the generic social, psychological and economic factors found in different social settings.

1. INTRODUCTION

The Barbadian population is among the top ten countries in the Commonwealth Caribbean mostly affected by HIV/AIDS. The first two AIDS cases were reported in 1984, and by 1996 there was a cumulative total of 762 reported cases, increasing to 1,425 cases by June 2001 in a population of approximately 270,000 persons. By that date also, the cumulative total of persons who had tested positive for HIV was 2,474 and the number of persons who had died of AIDS was 1,111.(AIDS Information Unit, June 2002). Transmission is mainly heterosexual, with 75% of the total number of adults reported with AIDS since 1984, indicating that they had contracted the virus through heterosexual sex. (Project Proposal STI/HIV Prevention Among Male and Female Sex workers in Barbados 2002).

Adults between the ages of 25 and 44 are those mainly affected, with the highest incidence being among young adults in the age group 25-29. (Project Proposal STI/HIV Prevention Among Male and Female Sex workers in Barbados 2002).

In 1985 the Advisory Council on The Misuse of Drugs (ACMD 1988) stated: "The spread of HIV is a greater danger to individual and public health than drug misuse". Accordingly, we believe that services which aim to minimize HIV risk behaviour by all available means should take precedence in development plans. The report goes on to say that "there needs to be changes in professional and public attitudes to drug misuse and that we must be prepared to work with those who continue to misuse drugs" not to do so would "have a major effect on ability to contain the spread of HIV."

Adelekan notes that, the HIV/AIDS epidemic in the Caribbean is associated with high-risk sexual behaviours, such as early initiation of sexual activity, multiple sexual partners, risky sexual behaviours and drug abuse. Adelekan further notes that youth may become particularly vulnerable to HIV infection through impaired judgment and risky sexual behaviours that could follow moments of clouded consciousness associated with drug and alcohol abuse (Adelekan, M 2003).

A critical portion of the assessment of the patient who uses illegal drugs is a determination of the immediate and long-term drug use – related risks he or she may face. HIV infection is particularly important in this regard. It is important to note that for many drug using patients, sexual acquisition of HIV infection is every bit as much of a threat as needle-borne acquisition (Edlin et al 1994, Alvins et al 1994). However, in the Caribbean, transmission by contaminated injection equipment is not reported to be common (D Djumalieva et al 2002,Adelekan M., 2003).

The use of crack cocaine is an important indicator of risk for HIV infection through its association with unsafe sexual behaviour (Djumalieva et al 2002). Crack smokers were shown to have prevalence levels of HIV infection as high as those of drug injectors, reported due to both the frequency and the high risk of their sexual encounters.(Edlin et al 1992, Lowry et al, 1994,Edlin et al 1994, D Djumalieva et al 2002).

Because of the inhibiting effects of many drugs, the stimulant effects of others, and the relationship of drug procurement to risky sexual behaviour, drug use is linked to acquisition of HIV infection in many ways other than needle use. For the patients, who are known to be seronegative in the past, or for those unaware of their infection status, drug use and sexual practices must be explored.

The high prevalence of HIV is therefore linked to a transfer of fluid, either through sexual behaviour or through the use of unclean needles. Drug users are therefore at a high risk of contracting HIV either through their habits or through their behaviour. Thus, it is necessary to also investigate the at risk behaviour of HIV victims. The 'at risk behaviour' is defined as the use of drugs through the exchange of needles and risky sexual behaviour**.**

2. DRUG USE IN BARBADOS

Research indicates the use of licit and illicit drugs in the community (Rapid Assessment 1998, 2000), in secondary schools (Global Youth Tobacco Survey, GYTS-2002), within Juvenile Detention Centres (Yearwood 2004) and Prison (National Task Force on Crime, 1997). However, high prevalence of drug use has been reported within custodial settings (Yearwood 2004; National Task Force on Crime, 1997). Drug treatment is available to Barbadians in the community, within prisons and also within public and private institutions including, the Government financed Drug Rehabilitation Unit of the Psychiatric Hospital and the privately organized drug treatment centres at Verdun House, Teen Challenge and the Coalition Against Substance Abuse (CASA).

2.1 Drug Use within Custodial Settings and Treatment Centres

The use of licit and illicit drugs in Barbados and the expense of maintaining a constant supply of drugs can mean that theft and prostitution are often used to finance a habit. This brings drug users constantly into contact with the criminal justice system (Robertson, R. 1998; (Pg. 186).

Statistics have indicated that there are growing numbers of juvenile offenders with substance abuse problems. Information revealed by the Government's main custodial detention facility for male and female juvenile offenders, the Government Industrial School, shows that 92% of its population used illicit drugs (Yearwood, 2004).

The Report on Criminal Risk Factors (June 1997), by the National Task Force on Crime Prevention indicated that 31% of inmates interviewed indicated that the desire for money was their primary reason to commit crime and 23% specified the need for money to support a drug habit. Overall, the study revealed that 86% of the male inmates have used illicit drugs.

It is clear that a significant minority of persons in prison and other parts of the criminal justice system have drug problems. An estimated quarter of all offenders may have serious problems

with illicit substances (Robertson, R. 1998). Only a small proportion of these individuals will currently be in contact with treatment services.

The dynamic movement between prison and the community and the rapid movement within prisons has important public health implications as this sets up a pattern of random mixing between inmates. This pattern of mixing increases the dissemination of infections especially among homosexuals and those engaging in unsafe sexual practices.

3. DRUG TREATMENT PROGRAMMES IN BARBADOS

Information from Tamarind House, the Drug Rehabilitation Unit of the Psychiatric Hospital, stated that during the years 1996-1998, of the 1207 admissions, 36% was for marijuana, 28% for alcohol, and 10% for cocaine. Additionally, 27% were treated for poly-drug abuse.

The ages of persons treated at the Drug Rehabilitation Unit ranged from mid-adolescence to 65 years. One of every two admissions (50%) were persons between the ages of 20-34 and 29.6% were in the 35-44 age ranges. In the results at Tamarind House, age-related to alcohol indicated that 44% were between the age range from 35 to 44, 36% between 45 and 64; 13.4% were for persons under 35 years old.

The statistics for marijuana-related problems indicated that over two-thirds (69.5%) were experienced by persons between the ages of 20-34 and another 14.9% by persons less than 20 years. Less than one of every ten (6%) marijuana-related clients were over 35 years. As with marijuana, two of every three (64.7%) admissions for cocaine-related problems were of persons aged 20-34 years. The second largest group (31.9%) was persons between the ages of 35-44 (Barbados Anti-Drug Plan 2001 unpublished).

At the Drug Rehabilitation Unit for the period 1996-1998, 71 females were treated, 52.1% for alcohol, 15.5% for marijuana, 5.6% for cocaine and 26.8% for poly-drug use. This accounted for

only 11% alcohol-related admissions, 2.6% marijuana admissions, and 3.4% cocaine admissions (Barbados Anti-Drug Plan 2001 unpublished).

Estimates from Teen Challenge placed the percentage of admissions due to cocaine use at about 70% (Barbados Anti-Drug Plan 2001 unpublished).

4. THE PUPOSE OF THE STUDY

There has been little or no research which directly relates to the association or link between drug use, risky sexual behaviour and HIV/AIDS. The purpose of the focus assessment study is therefore to inform policy on the prevention and reduction of drug use and HIV/AIDS. The study is initiated by the National council On Substance Abuse (NCSA) in partnership with the National HIV/AIDS Commission of Barbados.

4.1 Aim of Study

The aim of the FAS, was to determine the extent of the relationship between drug use and risky sexual behaviour among drug using populations and HIV positive persons.

The study aim will be achieved through the following objectives:

1. To identify and assess the routes of administration of drugs among drug users;
2. To assess the extent to which sex is being exchanged for drugs or for money;
3. To assess the extent of persons' sexual risk for acquiring HIV infection and other sexually transmitted diseases; and
4. To assess how persons' sexual risk for acquiring HIV infection is related to drug use.

4.2 The Objectives of the Study

The objectives of the study are:

1. To help determine what methods of interventions are needed most acutely in institutions involved in the treatment for substance abuse and HIV prevention;
2. To inform policy in drug rehabilitation institutions;
3. To address needs of substance abusers; and
4. To decrease risks of contracting HIV/AIDS among substance abuse.

5. METHODOLOGY

5.1 A Case for Focus Assessment Studies

A Focus Assessment Study is a theme–guided, multi method approach to data collection utilizing mainly qualitative research methods to investigate a particular problematic behaviour or group of behaviours amongst a target population. The Focus Assessment Study (FAS) therefore allows for the use of data collection methods which reflect the social phenomena under investigation. The complexity of social phenomena suggests the need for mixed methodologies in research design (FAS workshop Jamaica 2003).

There is a strong suggestion within the research community that, research, both quantitative and qualitative, is best thought of as complementary and should therefore be mixed in research of many kinds (Das 1983).

This emphasis has developed with the growing attention on "triangulation" in research (Yin, 1994). Triangulation is the combination of methodologies in the study of the same phenomenon. The assumption is that the effectiveness rests on the premise that the weakness in each single method will be compensated by the counter-balancing strengths of the other.

Combining research methods enables the confirmation or corroboration of each other via triangulation; it also elaborates or develops analysis providing richer details and allows for new lines of thinking through attention to surprises or paradoxes. Rossman and Wilson (1991) argued that combining research methods is useful in areas where the complexity of phenomena requires data from a large number of perspectives.

In addition, some researchers have argued for combining research methods in areas where the complexity of the phenomena requires a large number of perspectives, Clarke and Yaros (1988), or in cases which necessitates social interventions such as preventative programmes which may require the broad spectrum of qualitative and quantitative methods. (Baum 1995, Steckler et al, 1992).

The study therefore utilised several research methodologies based on quantitative and qualitative approaches. Quantitative approaches involved the use of structured questionnaires and qualitative approach included focus group discussions and semi-structured interviews with key informants.

5.2 Quantitative Method

For the quantitative portion of the study, which was conducted to complement the qualitative research findings, a sample of two hundred and seventy eight (278) subjects was drawn from the following facilities across the island: Her Majesty's Prison (HMP), Government Industrial School (GIS), Verdun House, Teen Challenge, The Psychiatric Hospital, The Elroy Phillips Centre and The Coalition Against Substance Abuse (CASA). Of these seven institutions, three quarters (75.5%) of the subjects were confined at either HMP or GIS, while the remaining 24.5% were clients of one of the five Treatment Centres.

Closed questionnaires were used to obtain data on the demographic profiles of each participant as well as biographical data and other information which was used to guide qualitative discussions.

At the start of the questionnaire, data on several demographic variables, namely age, gender, race, religious affiliation, occupation and highest educational level attained, were collected to provide a profile of our focused sample. In addition, the questionnaire consisted of the following four sections:

1. Overall Sexual Activity
2. Overall Legal Drug Use
3. Overall Illegal Drug Use
4. Relationship between Sexual Activity and Drug Use

Of the 278 subjects interviewed, the vast majority of responses came from males (87.1%), who outnumbered females (12.9%) by a 7:1 margin. Furthermore, of the 36 female subjects interviewed, 34 of them were Under 19 residents of the Government Industrial School. Hence, it must be noted, that throughout this report the findings for the female subjects are not representative of the general female population but instead, are limited to the female adolescent confined population.

Other defining characteristics of the general sample include the following:

- 92.8% of subjects are 45 years or younger
- 98.2% are of African descent
- Just over half (54.0%) practice varying denominations of the Christian faith
- Almost 90% percent of subjects have attained at least a Secondary level education
- 46.3% of the sample has either worked as labourers or were unemployed (30.5%).

A detailed breakdown of these demographic characteristics is presented in Table I of the Appendix.

Interviews were conducted during a four week period, from January 28 to February 26 2005, and each interview lasted approximately twenty minutes. All potential participants were asked for their consent to be interviewed and were informed of their right to refuse participation, none of them declined. Strict anonymity was assured, details of individuals as well as the precise time and place of interviews are withheld. (Djumalieva et al 2002).

5.3 Qualitative Method

5.3.1 Focus Group Discussions

The qualitative method was based on in-depth interviews through Focus Group discussions and Key Informants interviews. The participants of the Focus Group discussion were chosen from the GIS population, Her Majesty's Prison, Teen Challenge and the Elroy Phillips Centre. The participants were purposely selected based on age and gender. There was a gender bias towards males in the study as a result of the nonexistence or unavailability of females from the sample population.

The focus groups at the GIS comprised of two groups of males and two females. There were six (6) persons in each group and the age ranges in the groups were under 15 years and 16 -19 years. The focus groups used in Her Majesty's Prison comprised of two groups of males. There were seven (7) members in each group. One group comprised of participants under the age of 25 and the other group comprised of participants over the age of 25. The HMP participants included HIV positive persons and self-confessed Homosexuals. The focus group participants at Teen challenge were also separated into two groups, participants under 25 years and participants over 25 years. Each group comprised seven (7) persons each. There were five (5) participants from the Elroy Phillips Centre, this group consisted on three (3) males and two (2) females. A total of fifty-seven (57) persons participated in the focus group discussions.

Structured questions were asked based on drugs, drug use, drug use and sexual behaviour and HIV/AIDS awareness. The participants were monitored, but were allowed to give their opinions and discuss the topics. Their comments were used to attempt to understand the underlying factors associated with drug use and risky sexual behaviour. Group moderators' comments were noted and taken into consideration in the analysis.

The following group rules were explained to the participants:

- All information was confidential and names of participants would not be recorded
- Any information provided by participants was not to be discussed after they left the room
- In an effort to ensure the validity (accuracy) of the information being provided, all participants were asked to be as truthful as possible and to refrain from embellishment of their reality.

Interviews were taped with the permission of the interviewees and later transcribed. The transcripts were analysed. Categories of responses were coded; the most frequently recurring codes were identified in addition to links and possible associations between categories. Recurring motifs were identified and used to structure the findings and to develop 'local' or 'grounded theoretical patterns. Exemplary quotes from the interviews are presented in tables. For a better understanding, explanations of specific local terms and slang are in parentheses. (Djumalieva et al 2002)

5.3.2 Key Informants Interviews

The key informants who took part in the study were Dr. Dale Babb - Senior House Officer, Ladymeade Medical Clinic, Ms. Harriette Clarke - Social Worker, Ladymeade Medical Clinic, Ms. Sade Leon-Slinger - Health Educator, Ministry of Health, Ms. Oneata Forde - Educator/Counsellor, Her Majesty's Prison and Mr. Stephen Gilkes – Director, Teen Challenge Drug Rehabilitation Centre.

The key informants responded to questions relating to defining risky sexual behaviour, examples of risky sexual behaviour, the relationship between drug use and risky sexual behaviour, implications for drug use and risky sexual behaviour and an examination of approaches to enhance behavioural change through current education and awareness programmes.

6. LIMITATIONS OF STUDY

The study had a number of limitations. Drug users and HIV positive persons were difficult to identify, access and study. The sample therefore, is not a representative sample of active drug users and HIV positive persons since the interviewees were recruited from rehabilitation and custodial settings. Moreover the sample is not representative of all drug users seeking rehabilitative care. The selection of the sample showed some bias towards the population at HMP. However this was unavoidable due to the low numbers of persons registered in Drug rehabilitation and HIV/AIDS centers.

The limitations mentioned may appear as a shortcoming, but is in line with the principles of qualitative research, where the objective is to obtain high information content rather than statistical representation. In addition, an attempt was made to triangulate methods used in the research to ensure a balance and holistic view of the population under study.

The selection of the sample was skewed towards the inmates at HMP. This resulted from the limited capacity of treatment centers to provide treatment to a larger client base and the difficulty in assessing drug using clients. The latter was particularly the case with young clients under sixteen (16) years from CASA. Parents of those clients were reluctant to sing the required consent forms granting permission for the conduct of interviews.

In addition, there was a gender bias in the sample since the majority of the participants were males. This was unavoidable due to the fact that there is little or no intake of females in treatment centers and if admitted the duration of their stay was relatively short. This observation was also true at Her Majesty's Prison, where only six Barbadian female inmates were incarcerated.

It should be noted that the incidence of females resorting to treatment services is markedly lower than that of males. That partly reflects greater numbers of men developing serious drug problems at the overall population level, as well as a reluctance of female users to go to treatment services. There are different reasons for that situation. Some women may feel or fear that there is

considerable stigma towards them and may be reluctant to seek help. In addition, due to the higher level of referrals of men, some services may be less sensitive to women's needs and less able to respond appropriately (UNODC 2003).

The study did not reflect current drug use and sexual behavioural patterns among the respondents. The use of drugs is considered to be illegal and prohibited within drug treatment centers. Sexual activity is also disallowed. The study therefore reflected behaviours prior to incarceration or treatment.

However, none of the interviewees refused to be interviewed, and none made use of their right not to answer any of the questions. The information obtained was largely consistent.

There were some limitations to the use of focus group discussions. Some young participants may have found it difficult to talk about personal issues in a group and may have "censored" their contributions to avoid repercussions. In this context peer influence may have acted to inhibit discussion.

Another limitation of the focus group discussion was that participants tried to make themselves appear more entrenched in illegal activities or other forms of drug use than their peers. It was felt that some of this exaggeration might have occurred during these sessions

The heavy dependence on collecting data based on verbal behaviour was complex and difficult to analyze and interpret. In addition, the success of the Focus Groups discussions was an intrusion in private lives of the participants. The success of focus group interviews therefore depended on the extent to which this intrusion was allowed by participants.

In summary, the information obtained in this study provides a valid picture of drug use and its relationship with sexual behaviour and the implications for HIV/AIDS education and awareness programmes in Barbados.

7. QUANTITATIVE RESULTS

7.1 KEY FINDINGS

7.1 (a) General Sexual Patterns

- Within the general sample, there is a high incidence of promiscuous sexual activity particularly in the areas of multiple sexual partners and inconsistent condom use. Although, eight in ten of the subjects have already had sex by the age of sixteen, it is however, the associated behaviours in these areas that provide some cause for concern, primarily:
    - Over 45%, particularly males within the Under 45 age category, admit to having multiple sexual partners. Alarmingly, among the 18-25 age group, this is the case for 2 out of every 3 subjects (66.7%).
    - Three out of every four sexually active subjects practiced unprotected sex, either frequently or infrequently. Again, the incidence of this practice is particularly high among the 18-25 age demographic.

7.1 (b) General Drug Usage Patterns

- Alcohol and marijuana topped the list of most commonly used legal and illegal drugs respectively, with usage penetrating all demographic levels.
- For both of these drugs, the age of initiation was approximately 13 years. Furthermore, by the age of 16, almost 83% of subjects had experimented with either legal or illicit drugs. This age pattern was seen across every measured demographic, for example:
    - 85.1% of those confined in custodial settings and 75.4% of those in non-custodial care had tried legal drugs by age sixteen, and by that same age, 81.1% of those confined in custodial settings and 84.7% of those in non-custodial care had already been introduced to illegal drugs.

7.1 (c) Sexual Behaviour and Drug Use

- Over sixty percent of subjects have had sex under the influence of drugs. This practice was significantly more popular among male subjects of HMP and Treatment Centres as well as subjects over the age of 18 years.
- Other significant relationships found among the group of subjects who have had sex with drugs include higher likelihood to:

- Have also offered sex for drugs
- Have engaged in unprotected sex either on a consistent or inconsistent basis or have a dislike for condoms
- Have had multiple sex partners
- Have had partners who used either legal or illegal drugs

7.1.1 Overall Sexual Activity

7.1.1 (a) Sexual Activity and Age of First Sexual Experience

The first section of the survey focused on questions related to the sexual behaviour of the entire sample of subjects. Overall, 94.2% of the sample has had some type of sexual encounter, with just about half of these (52.0%) having their sexual initiation between the ages of 13 – 16 and an additional 31.2% becoming sexually active in their pre-teenager years. Therefore, by the legal age of consent, 83.2% of the subjects were already sexually experienced. With the exception of the Under 18 age group, where 87.7% of the subjects have already had sexual intercourse, the prevalence of sexual activity was even higher across all the other demographic classifications exceeding an incidence of 90.0%.

Table 2.1: Sexually Active Subjects by Gender, Age and Institution		
DEMOGRAPHICS	**% OF SAMPLE**	
	Yes	**No**
GENDER		
• Males	**94.2%**	**5.8%**
• Females	**94.4%**	**5.6%**
AGE GROUP		
• Under 18 years	**87.7%**	**12.3%**
• 18 – 25 years	**97.5%**	**2.5%**
• 26 – 35 years	**94.3%**	**5.7%**
• 36 – 45 years	**98.2%**	**1.8%**
• Over 45 years	**100.0%**	**0.0%**
INSTITUTION		
• Custodial	**94.8%**	**5.2%**
• Non-Custodial	**92.6%**	**7.4%**
Question B1		

Table 2.2: Mean Age of Sexually Active Subjects	
AGE OF FIRST SEXUAL EXPERIENCE MEAN AGE = 13.9	% OF SAMPLE
AGE	
• **UNDER 13 YEARS**	**31.2%**
• **13 – 16 YEARS**	**52.0%**
• **OVER 16 YEARS**	**16.8%**

7.1.1 (b) Sexual Activity Prior to Incarceration

Almost two-thirds (63.8%) of sexually active subjects housed at either the Government Industrial School or the Prison had been sexually active in the 30 days prior to their incarceration. However, males, subjects over the age of 18 and those incarcerated at Glendairy Prison were significantly more likely to have been sexually active before being confined.

Table 2.3: Sexually Active Incarcerated Subjects (GIS/HMP) who were sexually active 30 days prior to incarceration by Gender and Age			
DEMOGRAPHICS	% OF SAMPLE		
	Yes	**No**	**No Response**
GENDER			
• **Males**	69.3%	28.2%	2.5%
• **Females**	36.4%	51.5%	12.1%
AGE			
• **Under 18 years**	51.7%	35.0%	13.3%
• **18 – 25 years**	70.0%	30.0%	0.0%
• **26 – 35 years**	64.1%	35.9%	0.0%
• **36 – 45 years**	77.1%	22.9%	0.0%
• **Over 45 years**	71.4%	28.6%	0.0%
CUSTODIAL INSTITUTION			
• **HMP**	68.6%	31.4%	0.0%
• **GIS**	51.8%	33.9%	14.3%
Question B3			

7.1.1 (c) Multiple Partners

With regard to fidelity, approximately one half or one in every two (49.6%) sexually active subjects admitted that they have had multiple sexual partners, while 46.9% pledged faithfulness

to only one partner and a 3.5% minority opted out of supplying an answer. A closer examination of those practicing promiscuous sexual behaviour revealed the following:

- Higher incidence of this practice among the Under 45 age group and particularly within the 18-25 age group, where two thirds (66.7%) have had multiple partners.

- Three times as many males as females (54.5% vs. 17.6%) admitted to these unrestricted sexual practices.

- Inmates of Glendairy Prison were more prone to having multiple sexual partners than subjects housed at the Government Industrial School or those in Non-custodial care.

Table 2.4: Sexually Active Subjects who have more than one sexual partner by Gender, Age and Institution Type

DEMOGRAPHICS	% OF SAMPLE		
	Yes	**No**	**No Response**
GENDER			
• **Males**	54.5%	42.0%	3.6%
• **Females**	17.6%	79.4%	2.9%
AGE			
• **Under 18 years**	50.0%	48.4%	1.6%
• **18 – 25 years**	66.7%	30.8%	2.6%
• **26 – 35 years**	47.5%	48.8%	3.8%
• **36 – 45 years**	50.9%	43.6%	5.5%
• **Over 45 years**	20.0%	75.0%	5.0%
INSTITUTION			
• **HMP**	52.9%	45.7%	1.4%
• **GIS**	47.4%	50.9%	1.8%
• **Non-Custodial**	44.3%	45.9%	9.8%
Question B4			

7.1.1 (d) Homosexual Activity

The level of admitted homosexual activity was low, with only 2.2% of sexually active males (5 males) and 2.9% of sexually active females (1 female) having same sex partners within the past five years. However, among the 5 male subjects the number of male partners within the past year ranged from a low of 1 to a high of 20 partners. In the case of the single women, within the past year and five years this subject has been active with 2 other females.

Table 2.5: Sexually Active Subjects who have had same sex partners in the past year and past five years

	Males		Females	
	In past 1 yr	In past 5 yrs	In past 1 yr	In past 5 yrs
Sex with Males	**2.2%**	**2.2%**	**N/A**	**N/A**
Sex With Females	**N/A**	**N/A**	**2.9%**	**2.9%**

7.1.1 (e) Heterosexual Activity

On the other hand, 67.1% and 46.5% of males had female sexual partners in the past 5 years and 1 year respectively. Although the incidences were higher for the female subjects, as 73.5% and 70.6% had heterosexual experiences in a 5-year and 1-year period, their mean numbers of partners over these time periods were significantly lower. On average, males had sexual intercourse with 6.6 and 4.1 female partners in a 5 year and 1 year period respectively while these corresponding figures for women with male sexual partners were 2.5 and 1.4 respectively. However, these results be interpreted in light of the age of our female sample which may partly account for the differences seen in heterosexual activity.

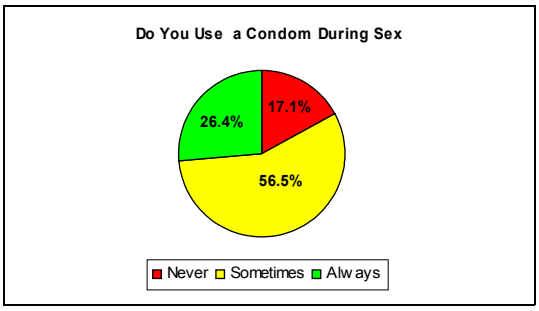
Table 2.6: Sexually Active Subjects who have had heterosexual sex in the past year and past five years

	Males		Females	
	In past 1 yr	In past 5 yrs	In past 1 yr	In past 5 yrs
Sex with Males	N/A	N/A	**70.6%**	**73.5%**
Sex With Females	**46.5%**	**67.1%**	N/A	N/A

Table 2.7: Mean Number of Partners of Sexually Active Subjects who have had heterosexual sex in the past year and past five years

	Males Mean number of partners		Females Mean number of partners	
	In past 1 yr	In past 5 yrs	In past 1 yr	In past 5 yrs
Sex with Males	N/A	N/A	**1.4**	**2.5**
Sex With Females	**4.1**	**6.6**	N/A	N/A

7.1.1 (f) Use of Condom During Sex



The incidence of unprotected sex was rather high, as 17.1% admitted that they never used condoms or only used them during some of their sexual encounters (56.6%). This translates to three out of four (73.7%) sexually active persons practicing unprotected sex.

Additionally, unprotected sex was being practiced in significantly higher proportions among Males (77.4%), Subjects in the 18-25 (84.6%) and 36-45 (82.1%) age groups and the sexually active inmates of Glendairy Prison (79.4%). Interestingly, there was little difference between subjects with only one sexual partner and those with multiple partners with reference to the incidence of unprotected sex.

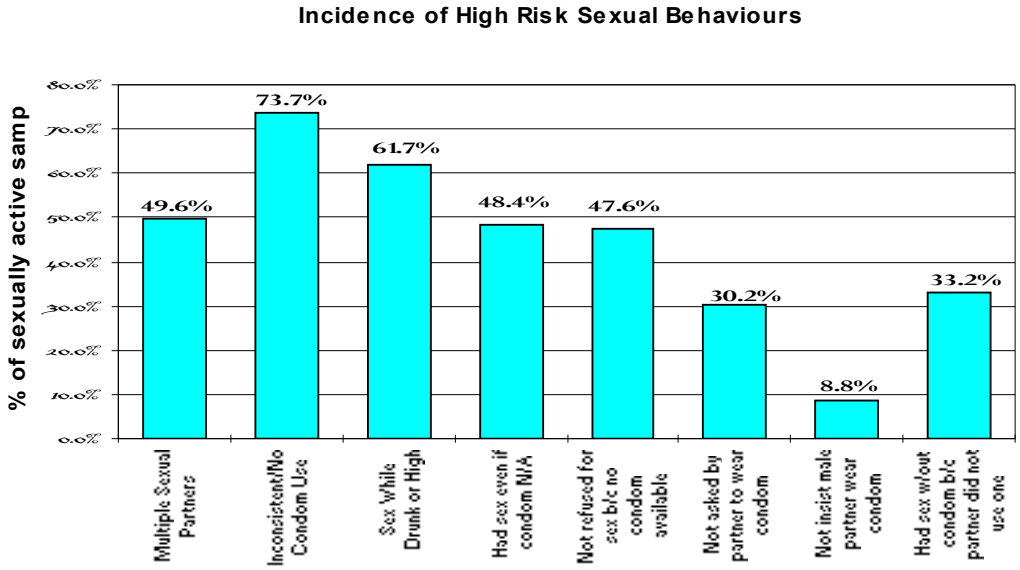
Table 2.8: Sexually active subjects who Sometimes or Never use condoms during sex by Gender, Age, Institution Type and Multiple Partners

DEMOGRAPHICS	% OF SAMPLE		
GENDER	**NEVER**	**SOMETIMES**	**ALWAYS**
• **Males**	19.6%	57.8%	22.7%
• **Females**	0.0%	48.5%	51.5%
AGE			
• **Under 18 years**	9.7%	53.2%	37.1%
• **18 – 25 years**	20.5%	64.1%	15.4%
• **26 – 35 years**	15.9%	54.9%	29.3%
• **36 – 45 years**	19.6%	62.5%	17.9%
• **Over 45 years**	31.6%	42.1%	26.3%
INSTITUTION			
• **HMP**	19.1%	60.3%	20.6%
• **GIS**	8.9%	57.1%	3.9%
• **Non-Custodial**	19.7%	47.5%	32.8%
SEXUAL ACTIVITIES CONFINED TO ONE PARTNER			
• **YES**	20.0%	50.8%	29.2%
• **NO**	15.0%	62.2%	22.8%
• **No Response**	0.0%	75.0%	2.50%
Question B6			

7.1.1 (g) Incidence of High Risk Sexual Behaviours

Subjects were also questioned on their participation in several high-risk sexual practices. The chart below displays the incidence among the sexually active portion of the sample. Unprotected sex (73.7%) and Sex while drunk or "high" (61.7%) were cited as the most commonly practiced high-risk sexual behaviours. In addition, close to half of the sexually active sample:

- Had multiple sexual partners (49.6%)
- Did not refuse sex even if a condom was not available (48.4%)
- Had not been refused for sex by their partners even though there was no available condom (47.6%).



In addition, an index comprising the above eight behaviours was set up, which tabulated the number of high-risk sexual behaviours practiced by each of the 262 sexually active subjects. What we found was a high reported level of high-risk sexual behaviour among our subjects as close to seventy percent of them engaged in at least three unhealthy sexual practices. In addition, another 28.0% (mainly females) though not as promiscuous still practice between 1-2 risky sexual behaviours.

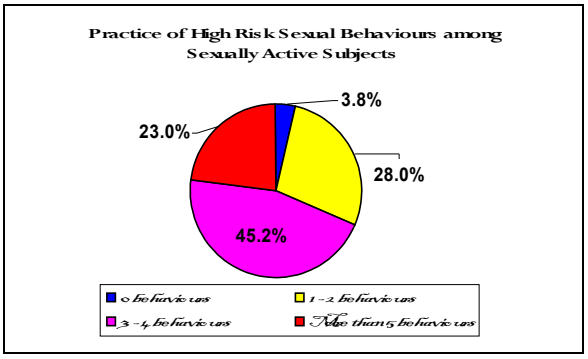


Table 2.9: Number of High Risk Sexual Behaviours practiced by Sexually Active Subjects segmented by Gender, Age and Institution Type

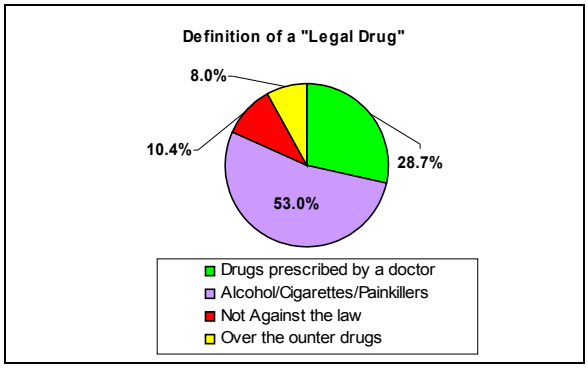
DEMOGRAPHICS	Number of High Risk Sexual Behaviours Practiced		
	0	1-2	>3
GENDER			
• **Males**	**1.8%**	**24.2%**	74.1%
• **Females**	17.6%	52.9%	**29.4%**
AGE			
• **Under 18 years**	**9.4%**	**37.5%**	**53.1%**
• **18 – 25 years**	**0.0%**	**15.4%**	84.6%
• **26 – 35 years**	**4.9%**	**26.8%**	68.3%
• **36 – 45 years**	**0.0%**	**28.6%**	71.4%
• **Over 45 years**	**0.0%**	**25.0%**	75.0%
INSTITUTION			
• **HMP**	**2.1%**	**27.0%**	70.9%
• **GIS**	**10.5%**	**33.3%**	**56.2%**
• **Non-Custodial**	**1.6%**	**25.4%**	73.0%

7.1.1 (h) Condom Responsibility

Both sexes were equally as strong in their agreement for shared responsibility for condom provision. In the case of male subjects, 62.1% felt this responsibility lies with either partner while 64.7% of females held a similar opinion.

7.1.2 Overall Legal Drug Use

7.1.2 (a) Legal Drugs



While not giving a formal definition of a "legal drug", just over half (53.0%) of the subjects provided names of substances which they believed would fit into this category. **Alcohol**, **Cigarettes** and **Pain killers** were the three substances they most often classified as "legal drugs". An additional 28.7% identified "legal drugs" as those which are "*doctor prescribed*" while smaller proportions described them as "*drugs not against the law which cannot be arrested for"* (10.4%) or "*Over the Counter drugs*" (8.0%).

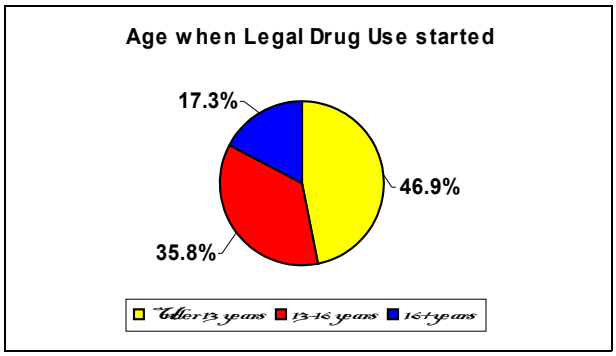
Table 2.10: Condom Responsibility by Gender

		GENDER	
Responsibility of…	Overall	Male	Female
Man	30.2%	32.6%	14.7%
Woman	6.2%	4.0%	20.6%
Either partner/both	62.4%	62.1%	64.7%
None	1.2%	1.3%	0.0%

The prevalence of reported legal drug use was 95.7%, with high representation across all the demographic groups, for e.g. 96.3% of males and 91.7% of females have used legal drugs. In

addition, no significant variation was found among subjects by age, as the vast majority (82.7%) used legal drugs before the age of sixteen.

Table 3.1: Legal Drug Users by Gender, Age and Institution	
	LEGAL DRUG USE
OVERALL	**95.7%**
GENDER	
• Male	96.3%
• Female	91.7%
AGE GROUP	
• Under 18	93.2%
• 18 – 25	100.0%
• 26 – 35	95.5%
• 36 – 45	96.5%
• Over 45	95.0%
INSTITUTION	
• GIS	93.4%
• HMP	96.0%
• Non-Custodial	97.1%



7.1.2 (b) Legal Drugs Used

Regardless of age group, the pattern of legal drug use was consistent i.e., Alcoholic drinks (either >6.0%, <6%) were the most frequently used legal drugs at the age of initiation. For example, 58.8% and 51.8% of subjects starting in their pre-teen years drank mainly alcohol, while in the case of those whose legal drug use began in the 13-16 teen years, the corresponding percentages were 62.1% and 46.0% and for those who had their legal drug initiation later in life, alcohol was again the preference of 64.3% and 57.1% of these.

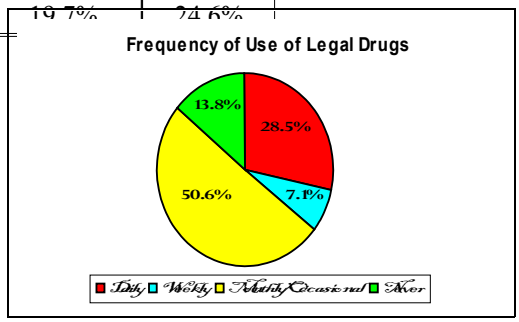
Table 3.2: Legal Drugs Used by Age of Initiation					
LEGAL DRUGS USED	**NUMBER IN SAMPLE (n)**	**MEAN INITIATION AGE (IN YEARS)**	**AGE OF INITIATION**		
			Under 13	**13 – 16 yrs**	**Over 16 yrs**
Alcohol (> 6%)	148	13.2	58.8%	62.1%	64.3%
Alcohol (< 6%)	123	13.2	51.8%	46.0%	57.1%
Pain Killers	91	11.3	43.0%	35.6%	26.1%
Prescribed Drugs	50	14.6	15.8%	20.7%	33.3%
Inhalants	4	8.8	2.6%	1.1%	0.0%

Segmenting the initiation age by the institution with which subjects are now associated also found that the vast majority of subjects at HMP or in one of the Treatment Centres had been introduced to legal drugs before the age of sixteen. For example, 54.1% of those in Non-Custodial care started using legal drugs before their teenage years, however this percentage declines to 24.6% for those who started their legal drug use after the age of sixteen.

Table 3.3: Age of Legal Drugs Initiation by Institution
*** Significance tested at 95% Confidence level p<0.05**

Initiation age	GIS	HMP	NTCs
Under 13	55.6%	40.9%	54.1%
13 - 16	44.4%	39.4%	21.3%
Over 16	0.0%	19.7%	24.6%

7.1.2 (c) Frequency of Use of Legal Drugs

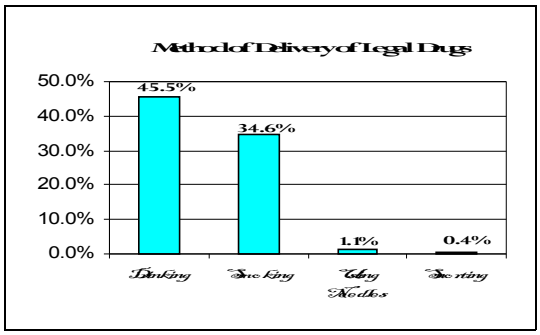


Most of the subjects currently only use legal drugs on a monthly or occasional basis (50.8%), perhaps due to their current resident status, either as incarcerated or as out-patients of treatment facilities. However, just over one quarter (28.5%), admitted to daily usage. A closer look at daily legal drug users profiled them primarily as male subjects, in the over 45 or 26-35 age groups and in the care of Treatment Centres or at Glendairy Prison. However, there has been a marked reduction in legal drug use when compared to the initial legal drug use frequency. Alcohol (>6%) used most frequently by one third (32.3%) of subjects were still the most commonly used legal drug. However, smaller segments of the sample also used pain killers (22.9%) and prescribed drugs (18.0%).

Table 3.4: Legal Drugs Used by Age of Initiation and Most Frequently Used

LEGAL DRUGS	FREQUENCY OF USE	
	Drugs First Used	**Drugs Most Frequently Used**
Alcohol (> 6%)	59.8%	32.3%
Alcohol (< 6%)	51.5%	21.8%
Pain Killers	39.5%	22.9%
Prescribed Drugs	21.8%	18.0%
Inhalants	1.5%	0.0%

7.1.2 (d) Routes of Administration



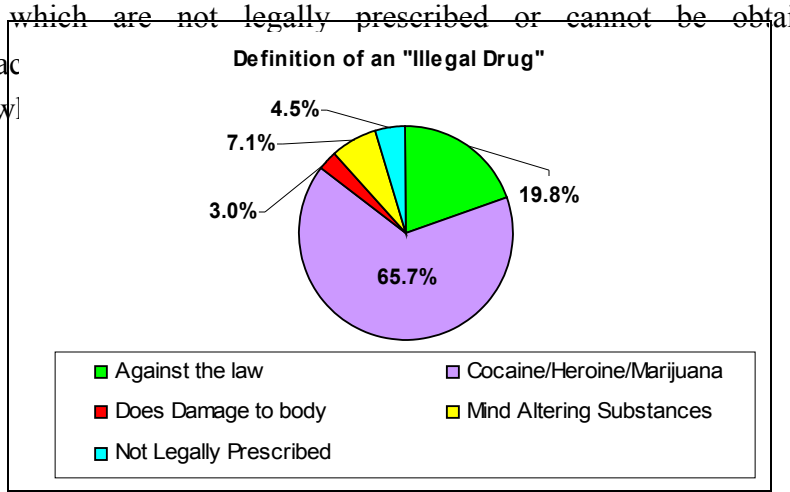
As expected, drinking (45.5%) was selected as the most popular route of administration of legal drugs. However, smoking also emerged as a response (34.6%) even though it was not specifically mentioned in the pre-coded list of delivery methods for legal drugs. This tends to suggest that these subjects included cigarettes in their consideration set of legal drugs. The taking of legal drugs via needles (1.1%) or through the nose (0.4%) was seldom used by subjects.

7.1.3 Overall Illegal Drug Use

7.1.3 (a) Illegal Drugs

When asked for a definition of an "illegal drug", the majority of subjects again provided specific examples of substances they classified as such. This time around, **Cocaine**, **Marijuana** and **Heroine** were the most frequently used examples of illegal drugs. Others gave definitions which classified illegal drugs in one of the following four ways:

(i) drugs which are against the laws of the country, for which you can be imprisoned (19.8%),
(ii) substances which alter one's mind or mood when used (7.1%)
(iii) drugs which are not legally prescribed or cannot be obtained from a pharmac
(iv) drugs w

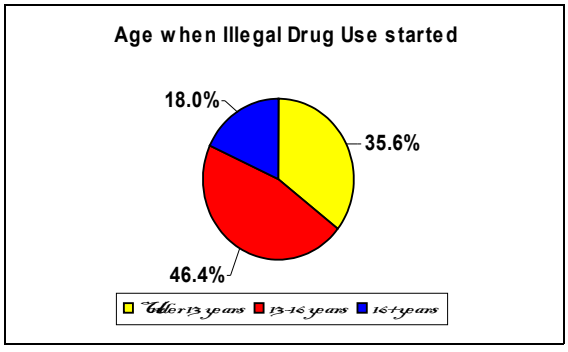


Close to 90% of subjects admitted using illegal drugs, with all demographic groups showing high incidence levels. However, Males and the Under 35 age group showed higher levels of prevalence. The results showed no difference in illegal drug use across the institution type.

The mean age of subjects' first illicit drug use was 13.8. The age distribution ranged from 4 years to 35 years, with four in five subjects (82.0%) having their first experience by the age of 16. The mean age of first use for males was higher than that for females (13.9 vs. 12.4). For those confined at the GIS, their introduction to illicit drugs began, on average, in their pre-teen years (a mean of 11.5 years), as compared to a mean of 14.4 years for those either at HMP or for subjects in Non-

Table 4.1: Illegal Drug Users by Gender, Age and Institution

	ILLEGAL DRUG USE
OVERALL	**88.1%**
GENDER	
• Male	**89.7%**
• Female	77.8%
AGE GROUP	
• Under 18	**87.7%**
• 18 – 25	**97.5%**
• 26 – 35	**93.2%**
• 36 – 45	80.7%
• Over 45	70.0%
INSTITUTION	
• GIS	86.9%
• HMP	89.3%
• Non-Custodial	86.8%



custodial treatment centres. However, neither the difference by sex or institution proved to be significant when tested at the 95% confidence level.
In addition, on average, subjects started with marijuana use around the age of 13 while as an initiation illegal drug, cocaine-crack use typically starts about 2 years later.

Table 4.2: Illegal Drugs Used by Age of Initiation

ILLEGAL DRUGS USED	NUMBER IN SAMPLE (n)	MEAN INITIATION AGE (IN YEARS)	AGE OF INITIATION		
			Under 13	13 – 16 yrs	Over 16 yrs
Marijuana	241	13.7	35.7%	46.8%	17.4%
Cocaine – Powder	13	15.5	9.1%	63.6%	27.3%
Cocaine – Crack	39	15.0	27.0%	48.6%	24.3%
Heroine	3	16.7	0.0%	33.3%	66.7%
Ecstasy	2	15.0	0.0%	100.0%	0.0%

7.1.3 (b) Illegal Drugs Used

Regardless of the initiation age for illegal drug usage, the drug first used by the vast majority (98.4%) of subjects was marijuana. Six times as many subjects started their illicit drug use with this than with cocaine-crack (15.9%). After their initial illegal drug use,

Table 4.3: Legal Drugs Used by Age of Initiation

ILLEGAL DRUGS	FREQUENCY OF USE %	
	Drugs First Used	Drugs Most Frequently Used
Marijuana	**98.4%**	**84.5%**
Cocaine – Powder	5.3%	4.1%
Cocaine – Crack	**15.9%**	**24.1%**
Heroine	1.2%	0.8%
Ecstasy	0.8%	0.8%

the usage pattern persisted, as subjects continued to use marijuana (84.5%) as their number one drug, while close to one-quarter (24.1%) used crack-cocaine most frequently. Very few reported using cocaine powder (5.3%), heroine (1.2%) or ecstasy (0.8%) at the outset.

As seen with legal drug use, significantly higher proportions of subjects at HMP or in one of the Treatment Centres starting experimenting with illegal drugs before reaching age sixteen.

Table 4.4: Age of Illegal Drugs Initiation by Institution * Significance tested at 95% Confidence level, p<0.05			
Initiation age	GIS	**HMP**	**NTCs**
Under 13	51.9%	30.5%	32.2%
13 - 16	48.1%	43.0%	52.5%
Over 16	0.0%	26.6%	15.3%

7.1.3 (c) Frequency of Use of Illegal Drugs

Prior to their incarceration or enrollment in treatment programs, six in ten (59.8%) subjects used illegal drugs on a daily basis while an additional 15.3% used them weekly. Subjects who were previously dependent on "daily illegal fixes" are significantly more likely to be male, in the 18 – 45 age group and currently in the care of a Non-custodial treatment centre.

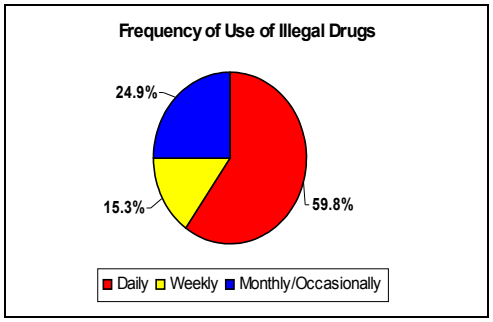
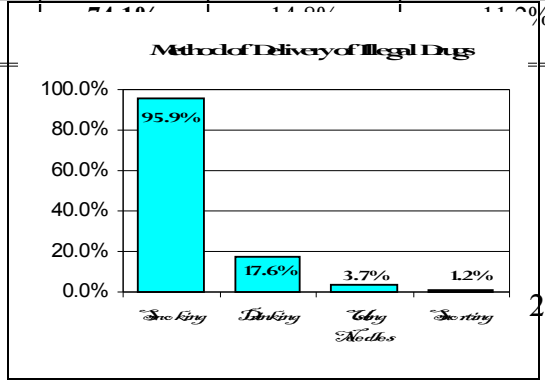


Table 4.5: Illegal Drug Use Frequency by Gender, Age and Institution			
	DAILY	**WEEKLY**	**MONTHLY / OCCASIONAL**
OVERALL	**59.8%**	**15.3%**	**24.9%**
GENDER			
• Male	**64.2%**	14.2%	21.6%
• Female	24.0%	24.0%	52.0%
AGE GROUP			
• Under 18	48.2%	21.4%	30.3%
• 18 – 25	**71.1%**	7.9%	21.1%
• 26 – 35	**63.3%**	15.2%	21.5%
• 36 – 45	**63.6%**	11.4%	25.0%
• Over 45	41.7%	25.0%	33.3%
INSTITUTION			
• GIS	47.8%	19.6%	32.6%
• HMP	58.1%	14.0%	28.0%
• Non-Custodial			

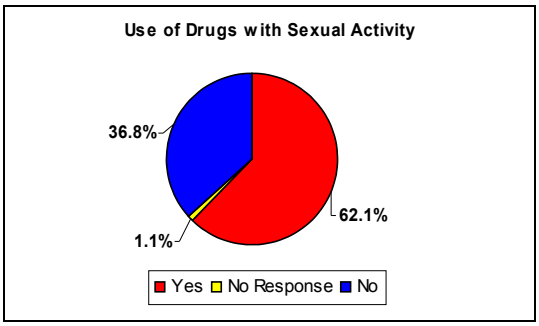
7.1.3 (d) Method of Administration of Illegal Drugs



Not surprisingly, smoking (95.9%) was by far the most dominant delivery method for illegal drug use, followed by drinking (17.6%). Only 3.7% and 1.2% of subjects either used needles or snorting as their illicit intake method.

7.1.4 Drug Use and Sexual Behaviour

7.1.4 (a) Sex Under the Influence of Drugs



The last section of the questionnaire focused directly on the relationship between drug use and sexual activity. Therefore, the remaining questions were posed only to the sub-sample of subjects who have had sexual intercourse under the influence of drugs.

Just over 60% of subjects reported having sex while under the influence of either legal or illegal drugs. Males (68.4%) were at least three times as likely as females (20.0%) to engage in this high-risk sexual practice. In addition, this behaviour was also significantly higher among subjects over the age of 18, as well as those in Non-custodial treatment centers (79.7%) or confined at Glendairy Prison (67.6%). As expected, alcohol (>6% - 68.6%, <6% - 39.1%) was by far the most popular "legal drug" used during sexual activity, while marijuana (85.8%) was the preferred illegal sex drug.

Table 5.1: Subjects who have used drugs with sex by Gender, Age and Institution Type	
DEMOGRAPHICS	% OF SAMPLE
GENDER	
• **Males**	68.4%
• **Females**	**20.0%**
AGE	
• **Under 18 years**	**34.8%**
• **18 – 25 years**	70.0%
• **26 – 35 years**	71.6%
• **36 – 45 years**	73.2%
• **Over 45 years**	68.4%
INSTITUTION	
• **HMP**	**30.0%**
• **GIS**	67.6%
• **Non-Custodial**	79.7%

Table 5.2: Legal and Illegal Drugs used with sex			
LEGAL DRUGS		**ILLEGAL DRUGS**	
Alcohol (> 6%)	**68.6%**	Marijuana	**85.8%**
Alcohol (< 6%)	**39.1%**	Cocaine – Crack	28.4%
Pain Killers	7.1%	Cocaine – Powder	8.3%
Prescribed Drugs	1.8%	Heroine	1.8%
Inhalants	0.0%	Ecstasy	3.0%

7.1.4 (b) Offered Drugs for Sex

The survey results indicate that 30.9% of those who had used sex with drugs had also exchanged sex for drugs. The incidence of this practice was significantly higher among males, the 26 – 45 age group and recovering addicts/HIV patients attached to treatment facilities. With regard to illegal drugs, marijuana and cocaine/crack were traded for sex by 79.6% and 48.1% of subjects respectively, while liquors of higher alcohol content were the exchanged legal drug for just over 50% of this high-risk sub-sample.

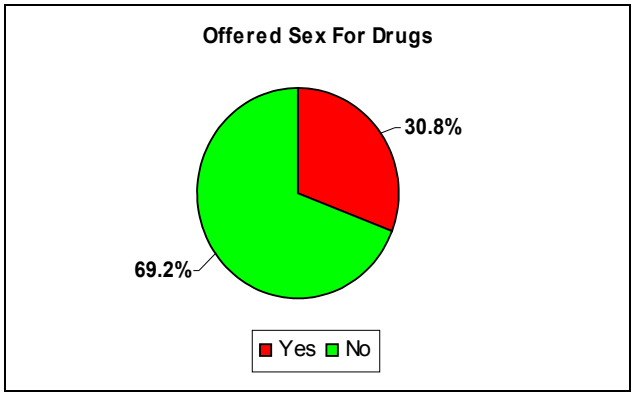


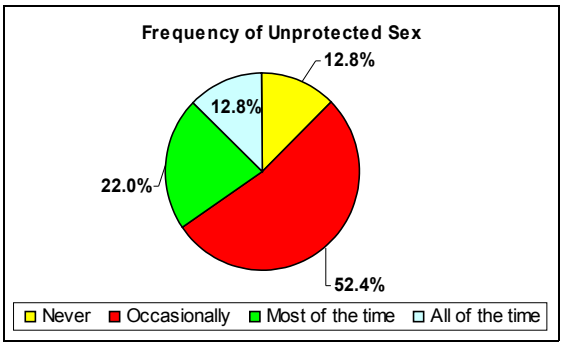
Table 5.3: Subjects who have offered sex for drugs by Gender, Age and Institution Type	
DEMOGRAPHICS	% OF SAMPLE
GENDER	
• **Males**	31.5%
• **Females**	**14.3%**
AGE	
• **Under 18 years**	**20.8%**
• **18 – 25 years**	**21.4%**
• **26 – 35 years**	31.7%
• **36 – 45 years**	43.9%
• **Over 45 years**	**23.1%**
INSTITUTION	
• **HMP**	**11.1%**
• **GIS**	**26.0%**
• **Non-Custodial**	47.1%

Table 5.4: Legal and Illegal drugs offered with sex	
LEGAL DRUGS	**ILLEGAL DRUGS**

Alcohol (> 6%)	**51.9%**	Marijuana	**76.9%**
Alcohol (< 6%)	**28.8%**	Cocaine – Crack	**48.1%**
Pain Killers	13.5%	Cocaine – Powder	15.4%
Prescribed Drugs	5.8%	Heroine	3.8%
Inhalants	0.0%	Ecstasy	3.8%

7.1.4 (c) Unprotected Sex

This group was then further probed to determine their level of unprotected sexual activity. Interestingly, only 12.8% of these subjects practiced safe sex, while the remaining majority of 87.2% either used a condom occasionally (52.4%) or refrained from condom use during most or all of their sexual encounters (34.8%). With the exception of gender, the incidence of unprotected sex across this high -risk subsample is heavily distributed across the demographic variables.



7.1.4 (d) Multiple Sexual Partners

Although one half (51.6%) reported restricting their sexual activity to one partner at a time, the additional 48.4% indicated multiple partner encounters. More specifically, 32.7% have had between 2 to 3 partners and a 15.7% minority had at least 3 partners. Furthermore, Table 5.5 below shows that of those who practiced unprotected sex most or all of the time, the majority (58.2%) have had sex with at least two persons at the same time. While in the case of the occasional condom users, about half (50.6%) of them were also in the habit of having sex with multiple sexual partners.

Table 5.5 Frequency of Unprotected Sex by Number of Sexual Partners at one time

FREQUENCY OF UNPROTECTED SEX	NUMBER IN SAMPLE (n)	MEAN NUMBER OF SEXUAL PARTNERS	NUMBER OF SEXUAL PARTNERS		
			1 partner	2- 3 partners	Over 3 partners
OVERALL	**164**	**2.2**	**51.6%**	**32.7%**	**15.7%**
Most/All of the time	55	2.6	41.8%	34.5%	23.6%
Occasional	81	2.1	49.4%	38.3%	12.3%
Never	18	1.6	88.9%	0.0%	11.1%

Over half (52.5%) of these sexual partners were reported to be in the 20-39 age group, while sexual activity with partners in the 16-19 age group had the second highest incidence level. None of the subjects admitted to sexual activity with pre-teens (i.e. those under 13 years). This trend, as seen in Table 5.6, was consistent for both subjects with one or multiple partners.

Table 5.6: Number of Sexual Partners by Age

Number Of Sexual Partners	Under 10	10-12	13-15	16-19	20-39	40 and Over
Overall	0.0%	0.0%	10.5%	31.5%	**52.5%**	5.6%
One Partner	0.0%	0.0%	10.0%	23.8%	**57.5%**	8.8%
Multiple Partners	0.0%	0.0%	11.7%	39.0%	**45.5%**	2.6%

7.1.4 (e) Partner Drug Use

Drug use patterns by sexual partners also mimic that of the subjects. Three out of every four (76.7%) sexual partners used legal drugs while the incidence of illegal drug use by partners was reported at 70.2%. Not surprisingly, alcohol and marijuana were the two most commonly used drugs by the partners of persons who have sex under the influence of drugs. Of those partners who used legal drugs, most did so on a monthly basis while illegal drugs were taken by equal proportions of the partner population either on a daily or monthly basis.

Table 5.7: Legal and Illegal drugs used by Sexual Partners

LEGAL DRUGS		ILLEGAL DRUGS	
Alcohol (> 6%)	**73.6%**	Marijuana	**93.8%**
Alcohol (< 6%)	**45.6%**	Cocaine – Crack	2.7%
Pain Killers	18.4%	Cocaine – Powder	16.8%
Prescribed Drugs	6.4%	Heroine	0.9%
Inhalants	0.0%	Ecstasy	0.9%

Table 5.8: Frequency of Legal and Illegal Drug Use by Sexual Partners		
Frequency of Use	**Legal Drug Use %**	**Illegal Drug Use %**
Never	0.9%	0.0%
Daily	26.1%	**45.7%**
Weekly	14.8%	8.6%
Monthly	**58.3%**	**45.7%**
Occasionally	0.0%	0.0%

7.1.4 (f) Sexually Transmitted Diseases

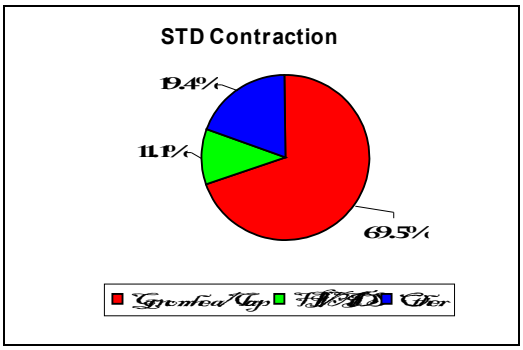
When asked whether they had ever contracted a sexually transmitted disease (STD), less than one quarter (22.5% or 38 subjects) of this sub-population replied that they had. A profile of these subjects revealed that the highest incidence of STD infection was found among males, the 36-45 and 26-35 age groups, and subjects confined at Glendairy Prison or enrolled in a Non-custodial treatment program. No females, Under 18s or teen-aged residents at the Government Industrial School reported contraction of an STD.

Table 5.9: Frequency of STD Contraction	
Subjects with an STD	Frequency %
GENDER	
• **Males**	100.0%
• **Females**	**0.0%**
AGE	
• **Under 18 years**	**0.0%**
• **18 – 25 years**	**5.3%**
• **26 – 35 years**	36.8%
• **36 – 45 years**	47.4%
• **Over 45 years**	**10.5%**
INSTITUTION	
• **HMP**	57.9%
• **GIS**	**0.0%**
• **Non-Custodial**	42.1%

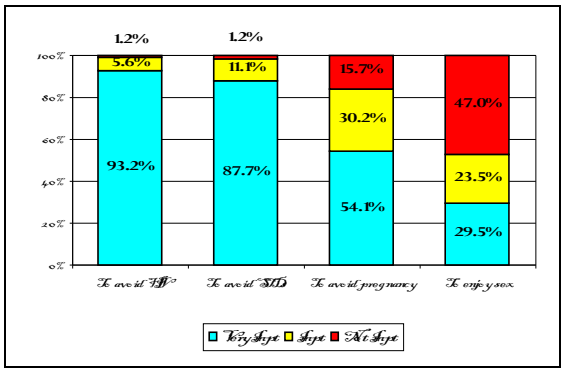
Gonorrhea (also referred to by subjects as “clap”) infection topped the list of STDs, while much smaller groups had either been infected with HIV/AIDS (11.1%) or with other diseases like syphilis or herpes. Overall, the STD contraction age ranged from a minimum of 14 to a maximum of 37 years, with an overall mean contraction age of 22.2 years. Due to the small sizes of the segments of the infected population, the mean values are presented below for directional purposes only.

Table 5.10: Age Profile of subjects who practice sex with drugs and have had an STD

	Mean Age of Contraction (yrs)	Minimum Age (yrs)	Maximum Age (yrs)
Overall (33)	**22.2**	**14**	**37**
Gonorrhea/Clap (20)	19.6	14	30
HIV/AIDS (4)	29.3	21	37
Other- Syphilis, herpes etc. (7)	26.0	16	36



7.1.4 (g) Importance of Using Condoms



While subjects readily acknowledge the importance of wearing a condom to control the spread of Sexually Transmitted Diseases particularly HIV/AIDS, they are less prone to agree to using condoms as a means of pregnancy avoidance or for sexual pleasure.

These results were then broken down to more closely examine the importance of condom use by two factors (i) Frequency of unprotected sex and (ii) Whether subjects liked using condoms.

The results (shown in Table 5.11 below) indicate that:

1) Across both groups, the vast majority of subjects agreed that condom use is Very Important to control the spread of STDs/HIV
2) However, with respect to pregnancy prevention, those who favour using condoms are significantly more likely to view them as being important in this area. Over sixty percent (62.9%) of subjects who like using condoms viewed this as a Very Important
nce of pregnancies (as compared with 42.9% and 47.6%)
most subjects do not believe that the use of condoms will
experience, those who like using condoms are more prone to link
th condom use.

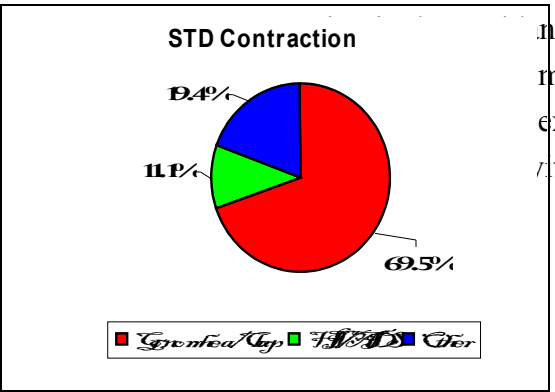
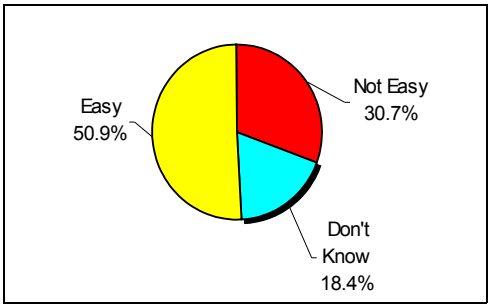


Table 5.11: Percentages of respondents who view condom use for each of the given reasons as Very Important by (i) frequency of unprotected sex (ii) attitude towards condom use *** Significance tested at 95% Confidence level, p<0.05**						
	HOW OFTEN DO YOU HAVE UNPROTECTED SEX?			**DO YOU LIKE USING CONDOMS?**		
	Never	**Occasionally**	**Most/All of the time**	**Yes**	**No**	**Sometimes**
To avoid pregnancy	65.0%	47.6%	59.0%	**62.9%***	42.9%	47.6%
To avoid STDs	90.0%	86.0%	88.7%	89.4%	80.6%	95.2%
To avoid HIV	95.0%	92.9%	92.6%	96.9%	87.3%	95.2%
To enjoy sex	52.6%	24.7%	26.0%	**39.3%***	15.5%	26.3%

7.1.4 (h) Ease of Condom Use After Drug Use

Half of this sub-sample still find it relatively easy to put on a condom after using drugs. However, about 3 in 10 (30.7%) subjects admit to having difficulties in this area.



This group was then further investigated to highlight any characteristics that might be unique to these individuals. The one distinguishing feature which separated these subjects from the others who encountered no problems with putting on condoms after drug use was that they were more likely to have used crack cocaine with sex, hence possibly accounting for their impairment in judgment.

Table 5.12: Relationship between ease of condom use and Use of Crack Cocaine during sex **Significance tested at 95% Confidence level, p<0.05**		
How easy is it to put on a condom after drug use?	**Used Cocaine – Crack with sex**	
	Yes	No
Easy	60.0% (21)	29.6% (29)
Not Easy	40.0% (14)	70.4% (69)

7.1.5 Behavioural Profile of Subjects who Used Drugs with Sex

In an attempt to better understand the relationship between drug use and sexual practices, several associations were then examined, comparing subjects who engaged in sexual activity under the influence of drugs with those who did not simultaneously participate in these two activities.

The findings, shown in the Table II of the Appendix, suggest the following significant relationships:

- Subjects who used drugs with sex were six times more likely to have been involved in drugs for sex exchanges (30.8% vs. 5.0%)
- Close to ninety percent of those using drugs with sex either never used or were inconsistent in their condom use as compared to 61.6% of those who did not
- Just under 50% of these subjects also had multiple sex partners as compared to 31.0% of those not practicing this habit
- Eight in ten had sexual partners who used legal drugs and close to three quarters of partners also used illegal drugs
- Significantly higher proportions of sex with drugs users were opposed to using did not like using condoms (57.4% vs. 38.4%).

8. QUALITATIVE RESULTS

8.1 Focus Groups Discussions

8.1.1 Government Industrial School (GIS) - Females Under 15 Years

This group comprised of two respondents each who were 13, 14 and 15 years. There were two respondents each for the aforementioned age cohorts.

The participants did not express any concern over the information being discussed in another forum and there was only an initial reluctance to answer the questions. There was no problem engaging the girls in sharing their opinions.

8.1.1. (a) Drug Use

The girls were aware of the types of drugs (legal and illegal), their usage and availability. It was evident that there was a higher use of alcohol and marijuana. Alcohol drugs were being used simultaneously and the alcohol consumption consisted of drinks such as brandy, hypnotic, gin and guinness, which have a higher content of alcohol when compared to beers or rum. It should be noted that there was one participant who did not use alcohol or drugs and this was confirmed by her peers. She was however aware of the substances.

This group spoke freely of their marijuana use and seemed proud of their exploits. There was consensus that these drugs diminished their mental capacities and that they all preferred to smoke marijuana, this was their drug of choice. There was no admission to the use of cocaine or other drugs and cocaine was frowned upon as making a person crazy. They associated cocaine with madness and becoming a "paro".

They noted as the other group had, that they had chosen to smoke and drink, they had not been forced, but that peer pressure had been a contributing influence. One girl noted that her father

had introduced her to marijuana and another girl noted that she came from a family of rastafarians and the marijuana was readily available. They all agreed that the drug was easy to purchase.

The girls identified the high from marijuana as being on "cloud nine" and felt that they would need at least a three quarter full 16 oz glass of straight hennessey brandy to give them the same feeling as three fairly large joints of marijuana. One girl noted that she sometimes smoked for an entire day, but the consumption of alcohol was considerably less for the same time period. Some persons liked the feeling of mixing the two (alcohol and marijuana), while others felt that the mixture made them dizzy or disoriented. It was generally agreed that they felt more in control when they smoke than when they consumed alcohol.

The group confirmed that drugs were readily available in the home, school and neighbourhood (block), and that most girls started to use marijuana before age 13 years. They noted that if a shopkeeper questioned them about purchasing alcohol, they would say it was for an adult male relative and there would be no further interrogation.

They also agreed that the use of cocaine and other harder drugs affected behaviour in a more negative way than the use of marijuana. They concurred with Group 1 about the factors that contributed to drug use such as domestic violence, sexual abuse etc., and to relieve stress, to chill out, for recreation and relaxation.

8.1.1 (b) Sexual Behaviour

All the participants though reluctantly, admitted to being sexually active. They all had being involved with regular partners and had all had unprotected sex on occasions. They admitted to not using condoms with every sexual encounter. They were all aware of anal sex, denied having experienced it and generally seemed disgusted by this type of activity. One girl admitted that it could occur if one was under the influence of drugs or alcohol but the act would not be consensual.

There was no admission on group sex, lesbian or bisexual relationships and everyone agreed that it would be difficult to put a condom on under the influence of drugs, and that there was the possibility that persons would not even remember to put on a condom if they had one.

8.1.1 (c) Sex and Drug Use

They provided oral sex, masturbation and penis between breasts as other types of sexual activity. There was some consensus on the link between drug use and sexual behaviour, but the room was divided when asked if more youth were having sex under the influence of drugs versus just having sex. It appeared that more young people were just having sex and drug use was incidental if they occurred together.

On the issue of prostitution, it was agreed that more females were involved in prostitution, but the primary motivating factor was for money to buy consumer items and drugs were incidental and not priority. The few young men involved in this activity were also seeking funds to purchase material possessions.

8.1.1 (d) HIV/AIDS Awareness

All persons had heard about HIV/AIDS, but the meaning of the acronyms provided some challenges for almost everyone. They were aware of the modes of contraction and felt that they could not tell if someone had HIV/AIDS by just looking at their appearance. The link between drug use and HIV/AIDS appeared minuscule and participants discussed the fact that unprotected sex was more a risk factor than drug. They however acknowledged that a person under the influence of drugs had diminished inhibitions and would possibly take more changes.

They agreed that the 13 to 19 age cohort was at greatest risk as they were more sexually active than older persons and they were more easily influenced risky sexual behaviour.

This group believed that young adults (16 –20 years) should be used as peer educators, people who were recovering addicts and persons who were HIV+ would be more effective in delivering

anti-drug and safe sex messages. They felt that older adults talked down to them. Some felt that the current messages were not reaching the youth population who were more concerned with the images of Black Entertainment Television (BET).

8.1.2 Government Industrial School (GIS) – Males Under 15 Years

8.1.2 (a) Drug Use

The participants were knowledgeable in this area and everyone had used alcohol, cigarettes and marijuana in various ways and quantities. It was evident that marijuana was the drug of choice and some participants had started using alcohol and marijuana from primary school. It appears that the usage initially occurs between Class 3 & 4 at the primary school level. No one was forced into using and most persons were curious about the drugs (legal & illegal), there was relatively easy access, but it was noted that some shop keepers would question a younger purchaser of alcohol and some persons who sold marijuana would refuse (had a policy) to sell to young children and young teenagers.

Marijuana was the drug of choice as alcohol abuse had resulted in ill feelings, vomiting and dizziness. Cocaine was viewed as a drug that caused madness that led to one becoming a vagrant (paro). The effects of marijuana were regarded as good, relaxing and soothing. Drugs were used to remove people from the conscious reality where problems existed, for meditation, experimenting, to be part of a group and to relieve problems/stress.

8.1.2 (b) Sexual Behaviour

All participants had engaged in unprotected sex and one young man admitted to his lack of knowledge about condom use. There was one participant whose responses seemed to be exaggerated and there was incongruity in his answers to regular condom use and his embarrassment to purchase condoms. Others noted that older male family members were their primary source of condoms. There was an overall denial of involvement in anal sex with men or

women and there was a notion of disgust about the activity. There was one admission of one incident of group sex (1 male, 2 females) where no condoms were used. The group was divided about one's ability to put on a condom under the influence of drugs.

8.1.2 (c) Sex and Drugs Use

The responses did not suggest a direct correlation between drugs and the sexual behaviour of teenagers. Their information pointed to the fact that girls were indulging in prostitution for money to purchase consumer items and not drugs. Anal sex (trunking) was practiced frequently by young girls and oral sex was also a common practice.

8.1.2 (d) HIV/AIDS Awareness

There was basic knowledge of HIV/AIDS and there was consensus that the 13 – 19 age cohort was more at risk. There was no evidence of a strong link between drug use and HIV contraction and they agreed that only in the latter stages of the disease one was able to suspect the cause of the wasting.

There responses to the prevention programmes for HIV/AIDS and drugs were consistent with the girls groups.

8.1.3 Government Industrial School (GIS) - Females Over 16 Years

These participants had all been woken up to participate in the study group and it was initially very evident that they did not want to participate. Their closed postures, lack of enthusiasm and body language indicated that they would have preferred to be elsewhere. They however, did not express any concern over the information being discussed in another forum and there was great initial reluctance to answer the questions. There was some difficulty in engaging the girls in sharing their opinions.

8.1.3 (a) Drug Use

The participants were knowledgeable about the differences between legal and illegal drugs and admitted the use of legal drugs including the use of alcohol. One of the youngest participants who was blatantly distracted by a plastic bag and some oil that she was inhaling to relieve the symptoms of a headache claimed that she drank a large quantity of alcohol and she had no preference. She stated that she had consumed alcohol frequently in the past and it was readily available. She added that she would sometimes consume this alcohol throughout the period of a day. She was however vague and non-committal when probed about the physical/psychological effect of the alcohol.

All the girls admitted to using marijuana and this was their obvious drug of choice. No one admitted to using cocaine or having experimented with any of the other drugs which they had highlighted such as crack, "blackies", or speed. It was evident from the discussion that drugs are readily available in the home, school and neighbourhood (block) and that most girls started to use marijuana before age 13 years. There was the admission that sometimes alcohol and marijuana was used at the same time. One girl noted that this sometimes had a negative effect and resulted in vomiting.

There was a strong consensus that the use of cocaine and other harder drugs affected behaviour in a more negative way than the use of marijuana. They agreed that drug usage did cause people become aggressive and violent.

The question about the factors which contributed to drug use propelled the discussion into issues of domestic violence, particularly sexual abuse and it was felt that people and children used drugs to suppress the pain and trauma of abuse and other social and domestic problems that originated in homes. It was felt that family dysfunction, parents' refusal to listen to children, the need for love, affection and approval and peer pressure were all antecedents to the use of drugs.

8.1.3 (b) Sexual Behaviour

They admitted that they were sexually active and knew the meaning of unprotected sex. They said that unprotected sex was "*sex without a condom*". Two respondents indicated that they used a condom during sex and two respondents indicated that they did not use a condom during sex.

They indicated that they have never had sex with more than one person at the same time. But five out of the six respondents admitted that they have had sex with someone other than their boyfriend.
Reasons given for why a person may not use a condom were, when they do not have one, if you are trying to get someone pregnant, when you want to feel good or when the 'chemistry is kicking'.

8.1.3 (c) Sex and Drug Use

The group felt that taking drugs might cause a person forget about using condoms and
they also agreed that putting on a condom when under the influence of drugs would be difficult.

All respondents indicated that they did not practice anal sex.

8.1.3 (d) HIV/AIDS Awareness

The suggestions were given for enhancing HIV/AIDS awareness programmes included, televisions programmes, posters, advertisements on BET and talks with persons who have experience.

8.1.4 Government Industrial School (GIS) – Males Over 15 Years

8.1.4 (a) Drug Use

It was evident that a knowledge base and higher level of intelligence existed among these participants. They were forthcoming with information and willing to share their experiences with

no reservation. These young men interacted well with each other and there was mutual respect for each other's opinions.

There was experimentation with drugs and alcohol among this group, but the use of cocaine, though widespread in their communities, was frowned upon by the group members. It was interesting to note that cocaine is associated with madness, violent behaviour and total loss of control. Marijuana for the use of meditation, seemed to be the primary reason for usage. Additionally, they agreed that marijuana aided in relaxation, provided greater sexual prowess especially when mixed with brandy or Guinness and made them feel more sexually aroused than alcohol, alcohol is thought to have a dulling, stupefying effect on the user.
Peer pressure, wanting to be part of the crowd and wanting to be a man too fast were the other reasons for early marijuana and alcohol use. The majority of them admitted to smoking marijuana for the entire day on a regular basis. There are obvious implications for this practice.

8.1.4 (b) Sexual Behaviour

The change of the topic to sexual activity evoked an excited response and unlike the first group, there was no clear evidence of exaggeration of their sexual activity. There were all sexually active, some more than others and they had all had unprotected sex. There was opposition to anal sex with men, but at least two or three admitted to trunking a female. It is noteworthy that they indicated that the activity had been initiated by the females. Some persons admitted to engaging in unprotected sex in group situations, but group sex seemed not to have been a regular occurrence. Loss of sensitivity was the primary reason for the diminished use of condoms in sexual activity. They were mixed views on ability to wear a condom under the influence of drugs, but the consensus was that a drunk individual would not be able to put a condom on or even remember to but, a person who had smoked marijuana could.

8.1.4 (c) HIV/AIDS Awareness

The family planning sessions held with these young men have resulted in increased knowledge in these areas and they believed that young people were at greater risk of becoming infected with HIV.

8.1.4 (d) Sex and Drug Use

The discussion on prostitution and drug use evoked strong feelings of disgust in some responses in relation to the manner in which young girls use their bodies to procure material possessions (clothing, jewellery, etc). In their discourse, no clear link emerged between drug use and sexual behaviour or prostitution for drugs. In some instances, they were aware of cocaine/crack addicts who engaged in the latter practice and there was mention of a young male prostituting himself for brand name clothing.

The group felt that young girls were at greater risk of exploitation than boys if they wanted drugs and did not have money, this is because their bodies were considered currency. The drug pusher would either let a young man owe him for the drugs, get him to do a crime (job) or refuse to give him any drugs, but would insist on sex for drugs when dealing with young girls.

8.1.5 Teen Challenge Barbados – Under 25 Years

This group comprised of persons who are recovering from drug addiction. The dialogue flowed freely from the inception of the interview and the group were willing to share their varied experiences. They encouraged and teased each other with the easy camaraderie of old friends. It was evident that the IQ levels of more than half the group were above average.

8.1.5 (a) Drug Use

There was no doubt that marijuana was the drug of their choice as it was used with monotonous regularity. Marijuana was used to socialize with peers and friends (recreationally) and also to relieve the stress of volatile family situations and circumstances.

They were aware of the differences between legal and illegal drugs and there was an admission of the use of alcohol in predominantly social settings. Alcohol was viewed as a substance that made one lose control, physically sick (vomit), and made one act stupid. They all noted that after a few drinks that they would usually stop before getting drunk.

The respondents enjoyed smoking marijuana as it made them feel good, strong, boosted their sexual prowess. Three things are noteworthy:

- The youngest participant noted that his initial use of marijuana was not voluntary and while he was hanging out on the block, trying to get acquainted in his new surroundings, the young men beat him up and forced him to smoke marijuana, forcing him to inhale. In addition, he recalled that the only time that he used cocaine occurred one day when the same group invited him to smoke in a secluded area. Three days later, he was told that the marijuana had been mixed with cocaine. He reported having a very negative reaction that included severe disorientation.
- One participant noted that he continued to smoke large quantities of marijuana because he sold it and this was his way of keeping his customers and ensuring that they purchased their stash from him.
- All but one of the respondents had started to use marijuana before entering secondary school. This 24 year old had started two years ago. He cited his reasons for starting at such a late stage as curiosity and wanting to be a part of the fellows on the block that he was hanging out with.

8.1.5 (b) Sexual Behaviour

The participant who had indicated that he had been forced to smoke also confessed that he was a virgin. It is noteworthy that after the initial teasing by his peers, two of the other respondents declared that they wished that they were still virgins, because they would know for sure that they were HIV negative.

All the others had engaged in unprotected sex. One was sure that his partner had been faithful and all of them had not used condoms with their girlfriends. No one admitted to having experienced anal sex or trunking a woman and there was general disdain and disgust (bu'n fire") on this mode of sexual behaviour. One respondent had tried group sex, no condoms were used, and there had been threats of physical violence that had acted as a deterrent for the future. Two others affirmed that they had sex with two women at the same time and condoms were used in only one of these occasions.

The question about being able to put on a condom while under the influence of drugs provoked much discussion. The group noted that if one used cocaine it would stimulate the genital area to such an extent that the use of a condom would not even enter the person's mind, as the sex act would be their paramount concern. The group indicated that the use of marijuana did not impair their senses to the extent that they would be unable to protect themselves. They added that they always had their condoms and it was a planned activity, particularly if they were going to "dubs", "jams", and certain other establishments/night clubs where it was known that marijuana was consumed in large quantities. They noted that alcohol consumption would be pre-determined and even minimized further if there were a chance that they would engage in sexual activities sometime during the night.

In the explanation, what was interesting is the fact that they would imbibe certain alcoholic beverages (e.g. Guinness) and use marijuana to increase their sexual arousal.

This group reported to have used the most condoms over and above the other groups that were interviewed.

8.1.5 (c) Sex and Drug Use

The group highlighted a link between sexual behaviour and drug use, as they opined that a lot of young people who were engaging in kinky sexual activities, were also using marijuana and alcohol. Young people, by their estimation, were involved in a lot of prostitution in exchange for money to purchase material things. They recalled a few males and females that were using prostitution to buy drugs, but the figure was nominal.

8.1.5 (d) HIV/AIDS Awareness

They felt that the entire population of sexually active persons were at risk of becoming infected with HIV, but they opined that the under 25 age cohort were more at risk, because these persons were having more sex than persons in their late 30's and older. They were aware of the ways to contract HIV and noted that only in the wasting stage of the disease could one tell that a person was infected. This group felt that there was no clear link between drug use and HIV/AIDS other than the sharing of needles, and that they noted was miniscule.

They also felt that the initial bombardment of anti-drug and anti-HIV/AIDS advertisement had dwindled almost into oblivion and needed to be revived. This was viewed as a good medium to reach the youth, as well as information that was produced in Bajan parlance. Suggestions included:

- A promo with Sharon (of Bartel fame) and Beannie Man
- Local calypsonians and music personalities promoting the messages
- Local and regional artists in collaboration
- The promotion of a concert with dub/reggae artists from Jamaica. This would draw the youth to the venue and the forum would be used not as a concert, but as a rap session with the artists and the audience. This session should be video-taped and used as part of the awareness programmes
- Work in communities by community leaders.

8.1.6 Her Majesty's Prison - Under 25 Years

All these respondents are on remand for crimes that vary from drug and weapon possession to murder and shooting a person. The young men were very relaxed and participated well, they were enthusiastic to share their experiences and became over exuberant as the interview progressed. They were also familiar with each other and were able to prompt each other for information.

8.1.6 (a) Drug Use

One of the respondent's introduction to marijuana use was from his mother at the age of 5 years. He has not stopped smoking from then and admitted to being permanently under the influence all day, every day. One other respondent believed that marijuana was a herb and therefore it was medicinal. All the respondents admitted to using marijuana in different forms (boiling, steeping in water, cookies, as seasoning). They admitted that drinking the liquid form produced the greatest potency and the better "high".
They cited marijuana as a drug that was used for meditation, deep thinking and to ease the stress of family problems. No one had been forced to use it and they used drugs to fit into a particular group, to be accepted by peers and experimentation.

Alcohol seemed to be used when they were socializing at dubs, fetes, etc. and one participant said that he would only have a drink occasionally but he preferred marijuana. There was no admission to cocaine use. It was again associated with paros/crack heads and causing insanity. They noted that the drugs were all easily available. They agreed that alcohol make one sick (vomit, disoriented and lost of control) and it also made people violent.

8.1.6 (b) Sexual Behaviour

These questions provided some insight into the way that these respondents classify women and how they view sexual behaviour. It is clear that some girls (skets) are just to be used for immediate sexual gratification and can be dragged and pulled to a location where sex is provided. One respondent noted that he and 15 other men had sex with one girl one after the other and as the act was going on, the others waited and smoked marijuana until it was their turn. They referred to sex with women with derogatory slang terms and behaved as if women were just to be slammed and beaten and pounded. They recalled "society" women paying them to get nasty/kinky with them and noted that some of these women also bought them drugs and used themselves.

The respondent whose mother had provided marijuana at an early age appears to have an aversion to condoms and admitted that he never used them and would have reservations on using

them in the future. However, at the end of the discourse, he noted that he would try to start using them with women but not his girlfriend who is currently pregnant. The others noted that they had unprotected sex on occasions. They cited times that condoms were used including:

- Sex with a "sket" (a girl who has sex with several partners and is easy to get into bed)
- Group sex settings
- Sex with a girl who was not your girlfriend

Despite these examples, some of them admitted to having group sex without using a condom. None had been buggered, but two of the younger group members admitted to enjoying and frequently indulging in anal sex with girls.

They cited a need for more intimacy and the skin to skin contact as the primary reasons for using a condom. The mothers of three respondents had provided them with condoms and one of the boy's mothers had shown him how to use condoms.

They felt that sometimes it was difficult to put on the condom under the influence of drugs, one might forget, one might be seeing more than one penis and discard it and one respondent suggested that he would let his partner put it on as it added to the intimacy.

8.1.6 (c) Sex and Drug Use

There was an awareness of some prostitution to buy drugs, but the transactions of prostitution for money was predominately to purchase material goods and services. There was no defined link between drug use by youth and sexual behaviour, but it was noted that girls did use drugs and have indiscriminate sex. The issue of girls prostituting to support the drug addiction of their boyfriends was raised but there was no idea of how prevalent this behaviour was in the society.

8.1.6 (d) HIV/AIDS Awareness

In the discussion on the persons who were more at risk of contracting HIV, the link of the homosexual/bisexual to heterosexual was articulated. A few respondents cited instances where adult men (40's) will proposition young men (16-25) for sex in exchange for money. These youngsters then return to the block and have heterosexual relationships with some of the same girls that the boys on the block are also dealing with sexually. They all agreed that this practice puts them and other young men like them at increased risk.

In addition, they felt that primary school children, as young as nine years old, were also at risk since they were also sexually active. The group understood the modes of transmission of HIV/AIDS, but did not see a direct link between drug use and HIV/AIDS.

Dub artistes, reggae singers, calypsonians, drug users and persons who were HIV/AIDS infected, were identified as persons who were more effective in promoting anti-drug and HIV/AIDS prevention programmes. They lauded early efforts, but felt that BET (Black Entertainment Television should be used as a medium to get the messages across to the youth).

8.1.7 Elroy Phillips Hostel – 25 Years and Over

The group comprised of 5 persons who are all HIV positive. There were three men and two women. This group proved to be fairly difficult in being able to understand the questions, most of which had to be re-worded, because of the low intellectual functioning of at least two members of the group. There was also one very ill and frail woman who answered only sporadically and it was evident that the other female participant was intellectually challenged in some way and did not understand a large portion of the questions even when they were re-worded. The age range in the group was also varied and included one person in his late 20's and the oldest person it is estimated could have been in his late 50's.

8.1.7 (a) Drug Use

The respondents knew the differences between legal and illegal drugs and they had all used alcohol. The one person who admitted to using cocaine did so after quite some time during the interview and not when the question was posed initially. It is suspected that the youngest male member of the group was lying about his drug use especially when he indicated that he had only used alcohol and marijuana infrequently and he had not indulged since the discovery of his HIV positive status. One male respondent noted that he had only used marijuana once but the third male had used marijuana and alcohol frequently and had also used some cocaine. The female did not admit to any illegal drug use.

They felt that people used drugs for experimental reasons and to fit into a crowd. The oldest male respondent raised the idea that sometimes drugs were to relieve the tension from highly stressful jobs such as being a coroner or persons who worked in heavy manual work. One male respondent concurred with the latter and noted that marijuana use made him feel powerful and motivated him to engage in manual labour.

8.1.7 (b) Sexual Behaviour

All respondents had unprotected sex and the oldest female member noted that she did not know of condoms as there were not advertised or readily available. Some persons feared that their partners had been unfaithful and cited that for the large majority of their sexually active life that they had never used condoms. Everyone disagreed with anal sex and denied having experienced same. With only one exception, group sex had not been part of their sexual repertoire. The one person who had indulged in the activity had only done so once. He was the same respondent who explained that condoms reduced sensitivity to such a degree that it made one lose their erection.

There was general consensus among the men (the women did not answer coherently) that it would be near impossible to put a condom on under the influence of drugs. The youngest male however noted that he had done so in the past.

8.1.7 (c) Sex and Drug Use

Oral and anal sex were the kinds of sexual behaviours cited by the male respondents. They cited a weak link between drug use and sexual behaviour and they were unaware of persons who used prostitution to acquire money to procure drugs. They were aware of women who prostituted to feed their families.

8.1.7 (d) HIV/AIDS Awareness

Respondents by virtue of their illness were aware of the ways to contract HIV even though the majority (98%) of responses came from the men. The men felt that all sexually active persons were at risk and the younger persons were at greater risk.

They were fairly satisfied with the current anti-drug and anti-HIV/AIDS messages but felt that government could do more to educate the younger members of the society from as early as primary school and talks given by persons who were HIV infected.

8.1.8 Her Majesty's Prison - 25 Years and Over

The varied mixture of personalities, divergent views and sexually alternate persuasions/lifestyles provided interesting discussions. All the participants shared their experiences freely and in the few moments of hesitancy, the person(s) were prodded and encouraged by their peers to continue with their experiences. There was no overt hostility towards this goading. During the initial introduction one participant declared his positive HIV status.

8.1.8 (a) Drug Use

The participants had used alcohol, marijuana and some persons had used cocaine. There was one person who had never used marijuana. They were well-informed about illegal and legal drugs. The HIV positive participant noted that he had experimented with a wide range of illegal drugs and shared their names and the drug that he had combined.

Conversely, curiosity in early adulthood had propelled one participant who was working to take crack and this resulted in a loss of career. The other participants through peer pressure and to fit into a myriad of situations had started using drugs from age 11 years. The drug abuse among some of these participants included prescribed medication for psychiatric disorders. This raises an issue of the availability of this prescribed medication to young children in the experimentation phase of their lives.

8.1.8 (b) Sexual Behaviour

There was a history of unprotected sex and speculation on their partners being faithful. Reasons for not using condoms were given as: they reduced sensitivity, were sometimes used initially and then removed during the act, prevented them from feeling the warmth of the vagina and caused some irritation to their partners. There were three participants who noted that they had never engaged in any kind of anal sexual intercourse (men or women). There were two self-confessed homosexuals, one participant who was bi-sexual and the other admitted to having anal sex with women. There were three participants who expressed their open disgust at the practice of anal sex. There was some group sex practiced and condom use was absent from such activity. The group sex had involved the respondents and more than one woman. There was no agreement on a person's ability to put a condom on under the influence of drugs. This question generally evoked a lot of discussion around drunkenness versus persons being high. The conclusion tended to favour a person on marijuana being more in control of their behaviour as it was felt that alcohol diminished and dulled the senses to a greater extreme. Persons on crack/cocaine were placed in the same category as people on alcohol.

8.1.8 (c) Sex and Drug Use

Respondents saw a link between the use of drugs and sexual behaviour. They felt that people taking drugs took risks but not necessarily any greater than those who were not under the influence of drugs. There were aware of persons (particularly on crack/cocaine) who used prostitution as a means to get their drugs.

8.1.8 (d) HIV/AIDS Awareness

The respondents were aware of how the disease was contracted and felt that everyone who was sexually active without protection was at risk. There was some discussion about the 15 – 24 age cohort being at greater risk. The link between drug use and HIV/AIDS exists and this could become more prevalent for those persons living on the street, using drugs, are unaware of their HIV status and involved in prostitution.

This raised a debate about condoms being made available to prisoners and it was gleaned that predominantly all the sexual activity among inmates was consensual. It was felt that the prudish in the society were preventing the condoms being introduced to the inmates for moral reasons. The attitude ignored the reality that some prisoners were unaware of their HIV status or did not reveal it to their partners and this increased the risk of infection to the entire population when persons were released.

The respondents were all eager to be used as peer educators for anti-drug and HIV/AIDS in their respective communities and the island as they felt that the current messages were inadequate and community leaders would be more effective at reaching the citizens. In addition, it raised the fact that persons involved in selling drugs were not interested in leaving their trade to attend a town hall meeting or one convened in the community centres. Any information being delivered would be more effective if educators mingled with the naturally formed groups on the "block".

8.1.9 Teen Challenge Barbados – 25 Years and Over

A very mature group of men who have lived on the wild side of life, a person who has been incarcerated several times and persons who willingly shared snippets of their life stories. One of

the participants was raised in New York from age 5 years and he was drinking alcohol from that age.

8.1.9 (a) Drug Use

This group conceded that marijuana was merely a gateway drug to their preferred choice of cocaine. All the respondents had used alcohol, marijuana, cocaine, some had used hallucinogens and one man had ingested rubbing alcohol and kerosene oil. He described the latter of producing a high that lasted for days and left his mouth numb and tingling. In addition some persons had used "joy juice", cow manure and mushrooms that grew on the cow manure was chewed or boiled into a brew. Speed, crack, and medication prescribed for psychiatric patients. One respondent noted that his best high was produced from a combination of alcohol, cocaine and pepper sauce. The use of heroine appears to be minimal as is the use of needles.

Respondents noted that their drug use started before entry into primary school. They described marijuana as making them sleepy, sedate, melancholy and lethargic. Conversely, cocaine provided the motivation to work, be alert, over stimulated (sexually and socially), reduced feelings of inadequacy and caused introverts/shyness to be replaced by extroversion.

Noteworthy is the fact that they concluded that they thought initially that they had used drugs to fit in, be a part of the crowd or as experimentation. However, as they matured, the realization that they were trying to escape an early life of emotional pain and hurt was glaringly apparent. They believe that similar reasons for their drug use are also manifested in the wider community of addicts and drug abusers.

8.1.9 (b) Sexual Behaviour

The oldest member of the group showed a disregard for using condoms. There were occasions when other group members had used condoms, but it appeared to be fairly infrequent. They

doubted that their partners had always been faithful but admitted to unprotected sex with them and noted that on a few occasions when condoms were initiated, they were removed during the act. No one admitted to anal sex with men, but two persons shared examples of their female partners manipulating their anal cavity for increase sexual pleasure. There were some members who were totally against anal intercourse.

Most of the group members had engaged in group sex with females and males present and condoms were not used. Despite the fact that condom use was minimal, they believed that in some cases persons under the influence of marijuana would know how to use a condom versus a person who was drunk or on cocaine.

8.1.9 (c) Sex and Drug Use

Kinky sex, intercourse with sex toys, oral and anal intercourse were cited as consistent with their sex lives and those of the youth. There was a link identified between drug use and sexual behaviour. Two respondents gave similar examples about promising women who were also drug users to have sex with them after which they would provide them with drugs. They indicated that there was a threat that they would not receive drugs if they did not satisfy their sexual fantasies.

The other link involved drug pushers/dealers and addicts. It was explained that addicts who have no money to purchase their drugs are forced to engage in the most debase and sexually depraved acts on animals, objects and the drug dealer himself/herself as payment for the drugs. It was noted that some dealers had contracted HIV and died because of this practice.

There was some confirmation that persons are engaged in prostitution to purchase their drugs. An example given was about society people who might not be living on the street but who had no money to buy drugs and who would prostitute themselves. "Paros" were also known to engage in prostitution for drugs.

8.1.9 (d) HIV/AIDS Awareness

With respect of HIV/AIDS awareness, the knowledge base of this group was fairly sound as it related to modes of transmission and not being able to tell if someone was infected. They concurred that the entire population was at risk, but young people seemed to be more at risk.

Increased public education, more determined efforts to target the primary school children, the use of pictures of persons dying with HIV/AIDS, and lectures from recovering addicts were some of the strategies they agreed would assist in drug and HIV/AIDS prevention.

8.2 Key Informants

The key informants who took part in the study were Dr. Dale Babb - Senior House Officer, Ladymeade Medical Clinic, Ms. Harriette Clarke - Social Worker, Ladymeade Medical Clinic, Ms. Sade Leon-Slinger - Health Educator, Ministry of Health, Ms. Oneata Forde - Educator/Counsellor, Her Majesty's Prison and Mr. Stephen Gilkes – Director, Teen Challenge Drug Rehabilitation Centre.

They responded to questions relating to (a) the defining of risky sexual behaviour, (b) examples of risky sexual behaviour, (c) drugs most frequently used, (d) the relationship between drug use and risky sexual behaviour, (e) implications for drug use and risky sexual behaviour, (f) an examination of approaches to enhance behavioural change through current education and (g) awareness programmes and recommendations to enhance those programmes.

Risky sexual behaviour was generally defined as anything that puts your health at risk. This definition was further expanded to situations where sexual intercourse takes place with anal sex without a condom, traumatic sexual intercourse, oral sex, having sex without a condom, having sex with someone that is HIV effected or someone who is known to have AIDS, having sex under the influence of drugs or alcohol and not aware of what you are doing , having sex with a number of different partners and having sex with sex workers rather than with someone you know.

It was generally agreed that a relationship existed between drug use and risky sexual behaviour. This exists in cases where persons under the influence of any kind of drug are not in full possession of their faculties, having a history of multiple male and female sexual partners and persons addicted to crack cocaine. Persons under the influence of any drug may or may not know what they are doing. Their inhibitions are reduced and their sexual behaviour may not be as it would be if they were not under the influence of drugs. Drug users may therefore be at higher risks for HIV infection or other sexually transmitted diseases.

The sexual history of men who would have contracted HIV also highlights a relationship between drug use and risky sexual behaviour. The sexual history of some male drug users show that they would more than likely have had both male and female multiple sexual partners, were not keen on using condoms or would have been very inconsistent in the use of condoms.

Crack cocaine addicts are particularly prone to engage in risky sexual behaviour. An addict who has no more money to buy drugs may seek that high in other avenues including sexual intercourse. Crack cocaine is observed to be such a powerful drug that it can remove your boundaries from your preferable sexual orientation towards another. If this re-orientation is continuously being practice it may then become habitual. The pleasurable experience from drug use encourages crack cocaine addicts to engage in risky sexual intercourse although knowledgeable of and aware of the risks.

Individuals may prefer not to use condoms due to sensitivity of the skin and lack of stimulation. There are however instances where individuals are unable to decline the offer to have sexual intercourse with their partners. This may exists in instances where one partner is unable to negotiate and subsequently gives in to having sex. It was also noted that a decision not to use condoms during sexual intercourse may be induced and sustained by a subculture which supports not using condoms.

There were several implications for persons who use drugs and engage in risky sexual behaviour. Firstly, a person who uses drugs may undergo a subsequent behavioural change.

This may show an association between active drug use, dependency and risky sexual behaviour.

Secondly, persons under the influence of drugs may not take seriously prevention programmes and thus directly impact on prevention efforts and the rise of new cases of HIV.
The positive effects of HIV treatment may be limited due to the development of new strains of the virus which maybe resistant to treatment. This may occur where HIV infected persons who are using drugs discontinue or do not adhere to the prescribed course of medication.

There are limited or no studies which shows the effect of drugs on medication for HIV patients and the interaction between drugs such as cocaine, marijuana and anti-retroviral drugs. It was mentioned that a few studies with herbs have shown negative interactions (Dr. Dale Babb). It therefore becomes even more difficult to assess the interaction of drug use with anti -retro viral drugs which can also lead to the possible development of resistant strains of the virus which cannot be treated.

It was generally agreed that there was an abundance of education and awareness programmes to stem the incidence of drug use and HIV. However such programmes may fail to achieve their objectives to achieve behavioural change since there should be a focus on how to use that information. This will allow the practice of a way of life and the adoption of a life style that will not put persons at risk for contracting HIV.
The introduction of new sexually active persons suggest the need for ongoing educational programmes to address behaviours associated with risky sexual behaviour, modification of the type of behaviour and the patterns of sex acts being practiced in Barbados.

In addition approaches to reduce incidences of drug use and risky sexual behaviour through behavioural change should encourage programmes which are community focus which includes elements of emotional support , close relationships with HIV positive persons and encouraging the practical use of information particularly among at risk populations. However it was noted that habit through tradition or culture could be an impediment to behavioural change. It was also

noted that stigma and bias among educators could also impact on the quality of treatment for HIV effected persons.

8. 3 ANALYSIS OF QUALITATIVE RESULTS

8.3.1 Focus Group Discussions

8.3.1 (a) Drugs

All participants in the focus group discussions knew the difference between legal and illegal drugs. They confirmed this by giving a number of examples of each, some of these examples are given below in Table 1.

Table 1: What are Legal and Illegal Drugs?

Legal Drugs		
Participants Under 16	**Participants 16 and Over**	**Participants 25 and Over**
Cigarettes	"a drug the government make legal"	Beer
Alcohol	"a drug you smoke or injections"	Prescribed drugs
Drugs bought from stores (pain killers)	Cigarettes	Cigarettes
Medication	Alcohol	Alcohol
	Medication	Medication
		Coffee
Illegal Drugs		
Something you could be charged for (esctacy, marijuana, cocaine)	"drugs which are against the law"	Cocaine
Marijuana	Marijuana	Marijuana
Cocaine	Herb	Crack Cocaine
Heroin	Weed	Speed
Crack	Dope	'MX'
Opium	Ecstacy	Blue boys
	White lady	Cagnagens
	Uppers and Downers	
	Blackies	

Alcohol was identified as the legal drug most frequently used and marijuana as the illegal drug most frequently used, (Table 2). Most of the participants admitted to using alcohol and marijuana at one point or the other.

Table 2: Most Frequently Used Drugs

Legal Drugs		
Participants Under 16	**Participants 16 - 24**	**Participants 25 and Over**
Alcohol (Heineken, Guinness, Brandy, Tequila, Rum, Gin and Juice, Malibu, Baileys)	Alcohol (Heineken, Hennessey, Cherry Brandy, Guinness, Hypnotic, Brandy, Tequila, Baileys)	Alcohol (Guinness, Beer)
Medication		
Illegal Drugs		
Marijuana	Marijuana	Marijuana

Varied responses were given with regards to the effects of drugs on the user (Table 3). Despite this, it was evident that most participants agreed that the use of drugs affects a person's behaviour and that the effect is dependent on the type of drug used. Responses showed that it is generally felt that cocaine has the worst effect on the user and that alcohol causes a greater effect than marijuana use. Most participants felt that marijuana is used for medicinal purposes and does not affect the user's ability to function.

Table 3: The Effects of Drugs

Legal Drugs		
Participants Under 16	**Participants 16 - 24**	**Participants 25 and Over**
Alcohol		
"*Some does get you drunk; some of them does make you sick"*	*"Good feeling"*	*"you don't feel sweet you just feel out of order"*
"If you abuse alcohol you won't function as normal"	"*Head does be dizzy, but I still know what I doing*"	*"you is feel bad all over your body"*
"Some people don't remember what happen, what they doing, who they are"	"*My head does be there and not there*"	
Illegal Drugs		
Marijuana		
"can make you feel high or sleepy"	*"felt better after using marijuana than alcohol"*	*". . . alcohol does got you more aggressive while marijuana has got you more cool"*
"*Things that you will never do, it will make you do. Foolish things that never try before for example having sex."*	*"would need more than one joint to get a high from marijuana (One joint might not get there; One joint would not touch you, about three;*	
	"a state of euphoria"	
Cocaine		
"cocaine mash up your brain"		*"cocaine got you alert, busy"*
"cocaine is more powerful than marijuana		
"a cocaine person worse than the person that use the marijuana as well as sniffing, using the injections to inject it in your blood stream, actually gone pass cloud nine. Actually comes to the point that you got to move from around them, you got to find somewhere else to go than around that person, cause that person "go off", so it is not a nice thing to be around a person that using them sort of things, plus too, if that person suppose to be your best friend you can become influence to do the same thing as the person."		

The participants gave many reasons as to why they thought people used drugs, Table 4. Their responses showed that drug use is often linked to the user's state of mind, that is, they were depressed, under stress, wanted to fit in with the crowd or in need of attention and as a result turn to the use of drugs to find release.

Table 4: Reasons Why People Use Drugs

Reasons	
Participants Under 16	**Participants 16 - 24**
"to get attention and acceptance and someone who they could talk to outside of the family in cases of sexual abuse and rape"	*"Peer pressure"*
"Family issues"	*"Stress"*
"mother got another man"	*"Just for fun"*
"ain't got a father"	*"Relaxation"*
"When you feel depressed"	*"Some parents will give it to their children"*
	"entertainment, e.g., if you are having a party"
	"seeing your friends doing it"

8.3.1 (b) Sexual Activity

Most of the participants indicated that they were sexually active, but only a few participants admitted to using a condom when having sexual intercourse (Table 5). All of the participants in the over 25 age range admitted that they never used a condom when having sexual intercourse.

Table 5: Condom Use During Sex

Responses	Respondents		
	Participants Under 16	**Participants 16 - 24**	**Participants 25 and Over**
No	2	2	All Participants
Yes	1	8	-
First time with condom	1	-	-
Sometimes do	1	-	-
Sometimes don't	1	-	-

The main reason given for why a person may not use a condom when having sexual intercourse was because sex was not as enjoyable when a condom is used. Being under the influence of drugs was not listed as a reason for not using a condom during sexual activities.

Table 6: Reasons Given for Not Using Condoms

Participants Under 16	Participants 16 - 24	Participants 25 and Over
"tell the truth, when you got on a condom it does rub on the girl "lilietongue"(clitoris), when it in and it rubs you don't know whether it burst or not"	*"When you ain't got none"*	*"because you get more value when you ain't use a condom. You have more feeling. A man discharge in a condom is just like if you jerking off"*
"Don't really like condoms because you do not feel like you doing anything"	*"When some trying to get pregnant"*	*"sex is not enjoyable if a condom is used"*
	"When you want to feel good"	"*My experience is right , I ain't know bout the rest of men, if I put on a condom and have sex with a woman, you really don't feel that way like you want. Like me how and rest of men like me like to feel meat skin and oil when the woman come you don't feel nothing so."*
	"When things hot skin to rubber don't feel like skin to skin"	*what does happen when you put on a condom right and you don't get the erection to last, you penis is drop . You is feel like you ain't doing nothing then."*
	"When you in a hurry"	*"don't believe in condoms"*
	"Chemistry kicking"	*"like to feel the flesh"*
	"they don't feel good when they used a condom"	*"takes away the excitement of sex"*
	"I don't walk about with none"	
	"I never use none and I ain't know how to use nothing so"	

The younger participants, that is, those who were under 25, did not believe that persons engaged in sexual activities because they were under the influence of drugs, but do so for other reasons. However, the older participants, that is those 25 and over, felt persons, especially females, engaged in sexual activities to support their drug habit (Table 7).

Table 7: Why People Engage in Sexual Activity?

Participants Under 16	Participants 16 - 24	Participants 25 and Over
"j*ust to have sex"*	*"Nowadays a lot in prostitution"*	*" there got people that does just do things, them ain't under the influence of rum, cocaine, nothing, them mind just that kinda way, they just sick and they just do these things"*
"just to have sex or under the influence"	*"For food or clothes"*	*"Money is obtained to buy clothes and food while sex is use to pay off drug debts"*
"under the influence"	*"To feel wanted and loved"*	*"They are selling their bodies to buy nice clothes."*
"to prove something to their partner"	*"To feel more grown up"*	*"To buy nice clothes they nice shoes and they like nice cause sometimes they don't have no money so they sell they bodies to buy these things."*
"they are foolish young girls"	*"Can't get something for nothing"*	*"The problem with drugs is that if the reason why the person got the problem is that if they owe for drugs and they cannot pay, that is how they usually offer sex if they find it is not possible to pay the drugs, man they usually sacrifice this for sex either it be a man or woman they use that as a shorter way of paying the debt for the drugs."*
"selling body for money"	*"Prostitution to get money to buy drugs, but mainly clothes"*	
"boys and girls prostitute for money and clothes, not so much for drugs"	*"A lot is choice"*	
"drugs not so much, just for money"	*"peer pressure"*	
"girls prostitute their bodies for brand name gear, money and fame"	*"ignored by parents, so go elsewhere"*	
	"Taking weed and alcohol to link up"	
	"some people don't need alcohol to do it there just wild"	
	"I only know women that does sell the body, I ain't know no women that does sell their bodies for drugs"	
	"I know a couple of men from up my side does sell the body to buy dope and women too"	

	"I know women that does sell the body to buy dope"	
	"Say you smoke and you high and you feel good, the first thing that does come to you mind is sex"	
	"Say the girls pun you block is smoke weed that is the first thing them looking for too"	

All participants knew what was meant by anal sex. Most of the younger participants indicated that they have never engaged in anal sexual activities, but a few of the older participants admitted that they have.

Group sex was also not common among the younger participants but was practiced by some of the older participants. The older participants indicated that they do not use condoms when engaging in group sex.

8.3.1 (c) Sex and Drug Abuse

Most of the participants agreed that it is difficult to put on a condom while under the influence of drugs, particularly, alcohol or cocaine. Various reasons were given for this but the main reason was because these drugs affects the brain and as a result a person does not function as they normally would.

Table 8: How easy or difficult is it to put on a condom while under the influence of drugs?

Participants Under 16	Participants 16 and Over	Participants 25 and Over
"*it hard because when you use them sort of things, you don't know what you doing, you don't think about nothing so, just thinking about that particular thing that you want to do"*	*"taking drugs you might forget about using condoms"*	*"somebody got to put it on for you"*
"Don't think about the condom"	*"some drugs does mash-up the brain"*	*When a person is high they don't really function that much they would normally do things and aint't even remember you do them"*
" you know sometimes, when you get real high and ain't know what gine on, and he thing might slip in	*"wont be easy, because your eyes will be seeing double and it would be hard"*	*"yeah I would put it on I know how to protect myself. I don't get hard. When I use to drink before I get HIV I use to get*

the wrong hole, you might get trunk, you may tell people that you never get trunk or nothing so , but on that height, you don't know what going on, things could have happened."		*sweet and thing but I could still help myself put on a condom"*
"you are under the influence and thinking about other things"	*"it aint't easy I telling you"*	*difficult "cause he too drunk, he can't remember how to put it on"*
"you could have one in your pocket and not use it."	*"you feel a lil' sorta way right, and you might not put it on how you usually put it on"*	*"easy if it is group sex somebody else would put it on"*
"when you drink you don't know what you are doing"	*"Not that easy"*	*"difficult, because they intoxicated and they won't have the right aspect of putting on the condom. If you intoxicated you mind don't really be there so it will be a whole lot of like . . . hard for person to put it on"*
"some people might not remember to put it on properly"	*"Sometimes you don't think about a condom you just want to get pleasure"*	
	"If it is me and my partner and I high it's not easy."	
	"You can't think, your not studying condom your just studying the feeling that urge your mind is down there."	
	"see that alcohol thing ,that alcohol go straight to your head if you're drinking and falling down, how you gonna make and stand up to put on a condom"	
	"It ain't difficult though but when I high or nothing I really study bout no condom or nothing so though"	
	"I don't really check for no condom"	
	"For me now a condom is really for me to put on when I "blakey"(high)".	
	"If it did me now and the man got something there to slaughter, the thing would got to put on my condom for me. Got to put it on. Under any cause or drink or high."	
	"I put on one once"	

8.3.1 (d) HIV/AIDS Awareness

All participants were aware of the different ways that one can become infected. The most common responses were, through unprotected sex, burst condoms, blood transfusion, infected needles and passed from mother to child.

8.3.1 (e) Recommendations for HIV/AIDS and Drug Awareness Programmes

A number of recommendations were given for enhancement of HIV/AIDS and Drug Awareness messages Table 9. The most common suggestions given by all participants were, that persons infected with HIV/AIDS and persons who are drug users should share their experiences with others, popular televisions shows should be used to broadcast messages and efforts should be made to talk with and not talk to young persons in the communities.

Table 9: Suggestions for Enhancing HIV/AIDS and Drug Awareness Messages

Participants Under 16	Participants 16 and Over	Participants 25 and Over
"easier for someone my age or somebody 18, because they were like young, somebody younger that can understand you"	*"TV programmes"*	*"you got to do it in school and you got to show people in the last stages"*
"a person with HIV will be better to get across the message"	*"poster round the neighbourhood"*	*"use celebrities"*
	"get singers that people look up to, advertise on BET"	*"select persons to talk who can relate to others in the community"*
	"easier to respond to someone who has experience"	
	"develop a system with young people that went through this here already and get bad results, cause them got to come and talk to the people now and show them this way that I went and this end up happening to me now"	

8.3.2 Key Informants

It was generally agreed that a relationship existed between drug use and risky sexual behaviour. This exists in cases where persons under the influence of any kind of drug are not in full possession of their faculties, have a history of multiple male and female sexual partners or are addicted to crack cocaine. Their inhibitions are reduced and their sexual behaviour may not be as it would be if they were not under the influence of drugs. Drug users may therefore be at higher risks for HIV infection or other sexually transmitted diseases.

The sexual history of men who would have contracted HIV also highlights a relationship between drug use and risky sexual behaviour. This history shows that they would more than likely have had both male and female multiple sexual partners, were not keen on using condoms, or would have been very inconsistent in the use of condoms.

Crack cocaine addicts are particularly prone to engaging in risky sexual behaviour. Addicts who have no more money may seek that high in other avenues, for example, they would resort to sexual intercourse. Crack cocaine is believed to be such a powerful drug that it can remove a person's boundaries from a preferable sexual orientation towards another. If this re-orientation is continuously practice it may then become habitual. The pleasurable experience from drug use encourages crack cocaine addicts to engage in risky sexual activities although they are knowledgeable of and aware of the risks.

Reasons given for why individuals may prefer not to use condoms were: due to sensitivity of the skin and lack of stimulation; where the dominant partner in the relationship does not want to use one, and where there exist a sub-culture that supports the non use of condoms.

The implications for persons who use drugs and engage in risky sexual behaviour can be seen at many levels. Firstly, the behavioural change as a result of active drug use can be associated with dependency and subsequent risky sexual behaviour. Drug use also may result in not taking prevention programmes seriously. This may impact negatively on prevention efforts and the rise of new cases of HIV.

Secondly, drug use among HIV positive persons may limit the effects of treatment through the development of new strains of the virus which may become resistant to treatment. This may occur in cases of drug users who are HIV infected and have discontinued or failed to adhere to a prescribed course of medication.

It was generally agreed that there was an abundance of education and awareness programmes to stem the incidence of drug use and HIV. However such programmes may fail to achieve their objectives to achieve behavioural change since there should be a focus on how to use that

information. This will allow the practice of a way of life and the adoption of a lifestyle that will not put persons at risk for contracting HIV.

The introduction of new sexually active persons suggest the need for ongoing educational programmes to address behaviours associated with risky sexual behaviour, modification of the type of behaviour and the pattern of sex acts being practiced in Barbados.

In addition, approaches to reduce incidences of drug use and risky sexual behaviour through behavioural change should encourage programmes which are community focus which includes elements of emotional support , close relationships with HIV positive persons and encouraging the practical use of information particularly among at risk populations. However it was noted that habit through tradition or culture could be an impediment to behavioural change. It was also noted that stigma and bias among educators could also impact on the quality of treatment for HIV affected persons.

8.3.3 Summary of Qualitative Results

The qualitative component of the study provided insights into the relationship between drug use and risky sexual behaviour. The study also identified drugs used, sexual practices, including the use of condoms, and practical approaches to HIV/AIDS awareness programmes. The focus of the study however dealt with the relationship between drug use and risky sexual behaviour.

Among the under 25 year olds, there was some consensus among participants that there was some link between drug use and risky sexual behaviour. This link appeared to exist primarily in the case of females who engaged in prostitution to purchase material items. There was also some agreement that a person under the influence of drugs had diminished inhibitions and would tend not to use condoms. There was also common practice among this group not to use condoms.

However, the link between drug use and risky sexual behaviour became more pronounced among the participants over 25 years. This relationship existed in a number of ways. First, women were provided with drugs to have sex; and second, addicts with no money were forced to engage in

debased and sexually depraved acts on animals, objects and with the drug dealer as payment for drugs. It was noted that some of the dealers had contracted HIV and died because of this practice.

There was also the confirmation that persons are engaging in prostitution to purchase drugs. This practice also exists among "better off" persons in society who had no money to buy drugs and would prostitute themselves. Prostitution among "Paros" or commonly seen drug addicts was thought to be more widespread.

It should be noted there was a high incidence of unprotected sex. Sexual intercourse included anal sex, sex with multiple partners and sex in groups where one or more men engaged in sexual intercourse with one or more females simultaneously.

Among all the groups there was a general disdain for crack. Alcohol and marijuana were the main drug used. However, crack cocaine was mainly used by the over 25 year olds. The overall agreement among all groups suggested that persons under the influence of alcohol would be less likely to use a condom versus a person who used marijuana.

Key informants generally agreed that a relationship existed between drug use and risky sexual behaviour. They alluded to the fact that the sexual history of men who had contracted HIV would have had multiple sexual partners with both male and female partners and were not keen on using condoms or would have been inconsistent in the use of condoms. It was also noted that crack cocaine addicts are particularly at higher risks for contracting HIV due to their engaging in anal sexual practices without a condom.

Key informants also inferred that persons who were under the influence of drugs and or alcohol could have decreased inhibitions and reasoning powers which may encourage unprotected sex. The use of drugs and/or alcohol could have negative effects for national drug and HIV programmes through reducing attention to prevention programmes which may increase the incidence of HIV and drug use.

Drug use may also reduce adherence to prescribed medication and hence reduce the effectiveness of anti-retroviral drugs. The uncertainty of the reaction of drugs and alcohol when used with anti-retroviral medication can cause negative reactions which may produce resistant strains of the HIV virus and negatively impact on treatment.

It was generally agreed that although there was an abundance of education and awareness programmes to stem the incidence of drug use and HIV. These programmes may have failed to achieve behavioural change since there should be a focus on how such information is used. This will allow for the practice of a way of life and a lifestyle that will not put persons at risk for contracting HIV.

The introduction of new sexually active persons requires ongoing educational programmes to address behaviours associated with risky sexual behaviour, modification of the type of behaviour and the patterns of sex acts being practiced in Barbados.

In addition, approaches to reduce incidences of drug use and risky sexual behaviour through behavioural change should include programmes which are community focused, contain elements of emotional support, close relationships with HIV positive persons and encourage the use of practical information particularly among at risk populations. However, it was noted that efforts to stem incidences of drug use and behavioural change could be hampered by habit and or tradition as well as stigma and bias among educators and caregivers.

Finally it should be noted that drug users are an important target group for interventions to reduce the spread of HIV to the general population. Clearly, drug and HIV prevention programmes have to cooperate closely, as approaches to prevention are largely similar. (D Djumalieva et al, 2002).

9. CONCLUSION

The study was an attempt to highlight the relationship between drug use and risky sexual behaviour among drug using populations and HIV positive persons. The results show that this relationship was more pronounced among persons who were involved in exchanging drugs for sex, who never used condoms or were inconsistent in condom use, had multiple sexual partners, used legal and illegal drugs, had sexual partners who used legal and illegal drugs and were opposed to using or did not like using condoms.

It was also agreed that to reduce incidences of drug use and risky sexual behaviour, a degree of behavioural change which may be constrained by cultural or traditional approaches to sexual practices is required. It was therefore recommended that approaches to reduce incidences of drug use and risky sexual behaviour through behavioural change should include programmes which are community focused, contain elements of emotional support, close relationships with HIV positive persons and encourage the use of practical information particularly among at risk populations.

It was also mentioned that the introduction of new sexually active persons require ongoing educational programmes to address behaviours associated with risky sexual behaviour, modification of the type of behaviour and the patterns of sex acts being practiced in Barbados. However it was noted that efforts to stem incidences of drug use and behavioural change could be hampered by habit and or tradition as well as stigma and bias among educators and caregivers.

Finally it should be noted that drug users are an important target group for interventions to reduce the spread of HIV to the general population. Clearly, drug and HIV prevention programmes have to cooperate closely, as approaches to prevention are largely similar. (D Djumalieva et al, 2002).

10. RECOMMENDATIONS

1. Anti-drug and HIV/AIDS programmes that encourage behavioural change as distinct from educational awareness.

2. Provide additional resources to communities, neighbourhoods with higher concentration of young people vulnerable to developing high risk drug use or engaging in risky sexual practices. Such programmes should include components based on:

    a) Condom use
    b) Contraceptive use
    c) Multiple sexual partners
    d) Drug use

3. Encourage good communication and joint working relationship between agencies and approaches that provide personal support, closer contact with drug using and HIV positive persons and encourage the practical use of information.
4. Provide carefully designed and targeted programmes. Such programmes should address the building of resilience through developing improved self esteem, problem solving skills and social integration.
5. Implement critical evaluation components in the design of programmes to ensure interventions are meeting their objectives.

6. Continuous training and retraining of anti –drug and HIV/AIDS volunteers, part-time and full time staff to ensure quality in the delivery of programmes and non discriminatory approaches to treatment.
7. Encourage the delivery of anti- drug and HIV/AIDS messages based on the unique characteristics of target groups and the use of themes, images and subjects identified by those groups as important in the delivery of anti-drug and HIV/AIDS messages.
8. The implementation of an urgent policy framework on the distribution of condoms particularly to high risk groups.

APPENDICES

APPENDIX I

DEMOGRAPHICS	% OF SAMPLE
FACILITY	
CUSTODIAL SETTINGS	**75.5%**
• **Glendairy Prison**	**53.6%**
• **Government Industrial School**	**21.9%**
NON-CUSTODIAL SETTINGS	**24.5%**
• **Verdun House**	**9.0%**
• **Teen Challenge**	**5.8%**
• **Psychiatric Hospital**	**5.0%**
• **Elroy Phillips**	**2.5%**
• **CASA**	**2.2%**
GENDER	
• **Males**	**87.1%**
• **Females**	**12.9%**
AGE	
• **Under 18 years**	**26.3%**
• **18 – 25 years**	**14.4%**
• **26 – 35 years**	**31.7%**
• **36 – 45 years**	**20.5%**
• **Over 45 years**	**7.2%**
RACE	
• **African Descent**	**98.6%**
• **Indian Descent**	**0.7%**
• **Other**	**0.7%**
RELIGION	
• **Anglican/Catholic**	**17.6%**
• **Methodist/Moravian**	**3.9%**
• **Evangelical**	**21.9%**
• **Jehovah Witness**	**1.8%**
• **Rastafarian**	**15.5%**
• **Hindu/Muslim**	**5.1%**
• **Other**	**18.7%**
• **None**	**16.2%**
HIGHEST EDUCATIONAL LEVEL	
• **Primary**	**10.1%**
• **Secondary**	**80.9%**
• **Tertiary**	**6.5%**
• **Other**	**2.5%**

DEMOGRAPHICS	% OF SAMPLE
OCCUPATION	
• **Professional/Clerical**	**7.7%**
• **Skilled Labourer**	**26.1%**
• **Unskilled Labourer**	**20.2%**
• **Self Employed**	**15.4%**
• **Not Employed**	**30.5%**

Table I. **Demographics of Sample**

BEHAVIOURS	USED DRUGS WITH SEX	
	Yes	No
OVERALL SEXUAL ACTIVITY		
• Percentage of sample who have had sex		**94.2%**
• Mean age of first sexual experience		**13.9 years**
• Percentage of sexually active subjects who have multiple partners		**49.6%**
• Percentage of sexually active subjects who do not consistently use condoms during sex		**73.7%**
OFFERED SEX FOR DRUGS		
• **Yes**	30.8%	**5.0%**
• **No**	**69.2%**	**95.0%**
• Percentage of sexually active subjects who have had sex while drunk or "high"		**61.7%**
FREQUENCY OF UNPROTECTED SEX*		
• **Most/All of the time**	34.8%	**26.4%**
• **Occasional**	52.4%	**35.2%**
• **Never**	**12.8%**	**38.5%**
• Percentage of sexually active subjects who have ever refused sex because there was no condom available		**48.4%**
• Percentage of sexually active subjects who have been refused sex because there was no condom available		**47.6%**
NUMBER OF PARTNERS HAVING SEX WITH AT ONE TIME*		
• **One partner**	**51.6%**	**69.0%**
• **Multiple Partners**	48.4%	**31.0%**
• Percentage of sexually active male subjects who have been asked by their partners to wear a condom		**30.2%**
• Percentage of sexually active female subjects who have never insisted that their male partner use a condom		**8.8%**
PARTNER USE LEGAL DRUGS*		
• **Yes**	79.1%	**54.9%**
• **No**	**20.9%**	**45.1%**
• Percentage of sexually active subjects who have had sex without using a condom because their partner did not use one		**33.2%**
OVERALL LEGAL DRUG USE		
PARTNER USE ILLEGAL DRUGS*		
• **Yes**	72.4%	**53.8%**
• **No**	**27.6%**	**46.2%**
• Percentage of sample who have used legal drugs		**95.7%**
• Mean age of first legal drug use		**12.9 years**
• Percentage who used alcohol (>6%) as first legal drug		**59.8%**
OVERALL ILLEGAL DRUG USE		
CONTRACTED AN STD		
• **Yes**	**23.3%**	**14.7%**
• **No**	**76.7%**	**85.3%**
• Percentage of sample who have used illegal drugs		**88.1%**
• Average age of first illegal drug use		**13.8 years**
• Percentage who used marijuana as first illegal drug		**98.4%**
• Percentage who used crack cocaine as first illegal drug		**15.9%**
LIKE USING CONDOMS*		
• **Yes**	**42.6%**	**61.6%**
• **No**	**42.6%**	**27.9%**
• **Sometimes**	**14.8%**	**10.5%**
SEXUAL ACTIVITY AND DRUGS USE		
• Percentage of subjects who have used drugs with sex		**62.1%**
• Percentage of subjects who have used legal drugs with sex		**81.7%**
• Percentage of subjects who have used illegal drugs with sex		**90.5%**
• Percentage of subjects who have offered sex for drugs		**30.8%**
EASE OF USING CONDOMS		
• **Not Easy**	**37.6%**	**28.4%**
• **Easy**	**62.4%**	**71.2%**
• Percentage of subjects who never or inconsistently used condoms		**81.2%**
• Mean number of partners, subjects have had sex with at any one time		**2.2 partners**
• Percentage of subjects who have partners who used legal drugs		**76.7%**

Table II. **Behavioural Profile of Subjects who have Sex Under the Influence of Drugs**

*** Indicates significant associations at the 95% Confidence level, p <0.05**

• Percentage of subjects who have partners who used illegal drugs	**70.2%**
• Percentage of subjects who have contracted STDs	**22.5%**
• Mean age of subjects who have contracted STDs	**22.2 years**

Table III: **Table of Key Study Indicators**

	MALE	FEMALE	TOTAL
FACILITY	242	36	278
CUSTODIAL SETTINGS	174	36	210
• **Glendairy Prison**	**147**	**2**	**149**
• **Government Industrial School**	**27**	**34**	**61**
NON-CUSTODIAL SETTINGS	68	0	68
• **Verdun House**	**25**	0	**25**
• **Teen Challenge**	**16**	0	**16**
• **Psychiatric Hospital**	**14**	0	**14**
• **Elroy Phillips**	**7**	0	**7**
• **CASA**	**6**	0	**6**

Table IV. **Institution by Gender**

	BASE SIZE	**YES**	**NO**	**No Response**
B7. Have you ever had sex while drunk or "high"?	262	61.7%	37.5%	0.8%
B8. Have you ever refused sex because there was no condom available?	262	49.6%	48.4%	2.0%
B9. Been refused sex because there was no condom available?	262	49.2%	47.6%	3.1%
B10. **(FOR MALES ONLY)** Were you ever asked by your partner to wear a condom?	225	67.1%	30.2%	2.7%
B11. **(FOR FEMALES ONLY)** Have you ever insisted that your male partner use a condom?	34	91.2%	8.8%	0.0%
B12. Have you ever had sex without using a condom because your partner did not use one?	262	33.2%	63.0%	3.8%

Table V. Incidence of High Risk Sexual Behaviours

APPENDIX II

Focus Group Discussions

Girls Under 16

DRUGS

Females knew the difference between a legal drug and an illegal drug. Their examples of legal drugs were: drugs bought from stores (pain Killers), cigarettes, alcohol and medication. Illegal drugs were described as "s*omething you could be charged for such as esctacy, marijuana and cocaine".*

All females indicated they used both legal and illegal drugs. The legal and illegal drugs most frequently used were cigarettes, alcohol (Heineken, Guinness, Brandy, Tequila, Rum, Gin and Juice), medication and marijuana was identified as the illegal drug most frequently used.

When asked the question, "Are illegal drugs easy to get"? Most respondents indicated that *"marijuana was difficult to obtain unless you were willing to pay for whatever you want and you have to be in contact with the person actually selling the marijuana to get it easy".* Some respondents commented about growing marijuana, however, they indicated "*that to grow marijuana you have to buy the seeds".*

The effects of alcohol were given as:

- "*Some does get you drunk; some of them does make you sick"*
- *"If you abuse alcohol you won't function as normal"*
- "Some people don't remember what happen, what they doing, who they are"

The effects of marijuana were given as:

- *"can make you feel high or sleepy"*
- *"say like some person will sit down and take one or two puffs and that is it, then you got some that will want to smoke the whole entire day and just continue so. It will not react on the person."*
- "*Things that you will never do, it will make you do. Foolish things that never try before for example having sex."*

The effects of cocaine were given as:

- *"cocaine is more powerful than marijuana, when start on cocaine worst to get off".*
- *" a cocaine person worse than the person that use the marijuana as well as sniffing, using the injections to inject it in your blood stream, actually gone pass cloud nine. Actually comes to the point that you got to move from around them, you got to find somewhere else to go than around that person, cause that person "go off", so it is not a nice thing to be around a person that using them sort of things, plus too, if that person suppose to be your best friend you can become influence to do the same thing as the person."*

The Respondents suggested that different varieties of marijuana will have different effects on individuals. *They indicated that "In marijuana the Jam is the weakest, it ain't as strong or it got as much effect as the rest."*

The respondents also indicated that the effects of cocaine use were different from the effects of alcohol and marijuana use. All the respondents said that they did not use cocaine, but knew someone who did.

The routes of administration of drugs suggested that cocaine is mainly sniffed and injected. However, injecting was common. Marijuana is mainly smoked or put in tea or cookies.

The reasons given for why persons use drugs were varied.

- *"When you feel depressed, because of problems in the home, family, house is bickering all the time, they ain't getting that much attention, or much love that they suppose to get, so I might tell myself," let me go out there in the outside world and see if there is somebody to accept who I am or what the case maybe, they may do it because they see their friend doing it ,or they just want to see how it feel and get involve".*
- *"to get attention and acceptance and someone who they could talk to outside of the family in cases of sexual abuse and rape"*
- *"Family issues"*
- *"mother got another man"*
- *"ain't got a father"*

An example was given, *" Say suppose a 14 year old was rape in the home, she might not feel, alright she and the family ain't getting along not so good , she might not feel as comfortable to actually sit down and talk to the mother and the father about what the case maybe. The father may think that something wrong with the child , he just want to carry it to a Psychiatrist, psychologist or what the case may be . that child still feels that she or he doesn't feel strong enough to talk to the person, so they might tell themselves, can't deal with it now, can't tell a friend about it, let me find a different, somewhere else to go, they may go on the block, see them friends doing this and that, might tell themselves "I'm angry, I guilty", might feel shame what the case may be, let me do something that I think will make myself feel not so angry, or they may got so much anger boil up inside them, that they may not be thinking straight, so to say that I really need help, let me get some professional help, just than say I can't take this anymore, let me find somebody I think will help, find some friends, some people that will accept them,*

they go and use drugs, they may end up going to that pass the limit, going and be used for prostitution and all sort of things. People deal with anger in different ways".

SEXUAL ACTIVITY

All the respondents indicated that they were sexually active. In respect to engaging in unprotected sex, two of six respondents responded NO and three out of six responded YES.

All the respondents believe that they partners were not faithful to them, however, they continued to have unprotected sex with them.

Condom Use

The respondents indicated that they did not use condoms all the time when having sex. However, they indicated that they sometimes used a condom the first time they had sex with someone. One respondent indicated that she does not use condoms, one respondent indicated that she does, one responded that they sometimes don't and another responded that she sometimes do.

When the respondents were asked: "How easy or difficult it is to use a condom if under the influence of marijuana, alcohol or cocaine?" Respondents agreed that it was hard they said:

- "*it hard because when you use them sort of things, you don't know what you doing, you don't think about nothing so, just thinking about that particular thing that you want to do"*
- *"Don't think about the condom*"
- *" you know sometimes, when you get real high and ain't know what gine on, and he thing might slip in the wrong hole, you might get trunk, you may tell people*

that you never get trunk or nothing so , but on that height, you don't know what going on, things could have happened."

- "*you are under the influence and thinking about other things"*
- *"you could have one in your pocket and not use it."*

Respondents suggested that sex can become too rough and tough after their partners use cocaine, marijuana or alcohol. They were however mixed feelings about sex after drug use, some alluded to *"all ache and pain", "can't walk"* and being *"too sore."*

It was however felt that drug use could lead to behaviours which could encouraged sexual advances which could lead to rape *"……..say like a girl go to a fellow, and the fellow might feel that what the girl want, that why she getting on so, say with esctacy and they tek that and the fellow don't know, and he go and have sex with the girl, and the girl didn't really want that*." However this view was challenged by another view which argued that *"A girl should be able to choose how she want to get on, but that does not give the right to another person to come and take away what they want".*

The view was also expressed that females who were not raped may admit to being rape when asked by parents. *" Suppose now that the girl go home to she mother or anybody, she mother asked she where you was or wha wrong with she. Man you know she will say rape".*

Respondents also noted that the police may not take the necessary action to prosecute. *"And they got some policemen out there would tell you, well you enjoyed, that you did want it, did pushing up yourself."*

Anal Sex

Most of the respondents knew what anal sex was and referred to such activity as trunking and buggery. However none of them engaged in anal sex, but knew someone who did.

All of the respondents who indicated that they were sexually active, indicated that they had sex with someone other than their boyfriend.

Sex and Drug Use

The question "Are young people having sex just for sex, or because they are under the influence of something"? was put to the respondents.

Most of them indicated that young people were having sex just for sex and not as a result of being under the influence of drugs. The main reasons given were:

Three respondents - "j*ust to have sex"*
One respondent - *"just to have sex or under the influence"*
Two respondents - *"under the influence"*
One respondent -*"to prove something to their partner"*
One respondent *"they are foolish young girls"*

When asked "Do you young people engage in prostitution and sex, in exchange for drugs"? It was not conclusive as to whether females sell they bodies to obtain drugs. It however indicated that girls sell their bodies for money and clothes. The responses were: Yes (2), No (2), Selling body for money (1), "Boys and girls prostitute for money and clothes, not so much for drugs", "Drugs not so much, just for money."

HIV/AIDS Awareness

Who do you think is more at risk for contracting HIV/AIDS? Respondents believe that both males and females are equally at risk to contract HIV/AIDS. The responses were: Females (2), Both (2),

Respondents believed that persons under the age of 25 were more at risk since they were more sexually active. They also believe that older men preferred younger girls "*there got some old men does want the young meat"*

There was also a reluctance to accept the situation where older men were involved with younger women. One response was that*: "You will come along and see a 40 year old man with a 18 year old girl and he got a 17 year old daughter"*

When respondents were asked if they though that there was a link between drugs and HIV. They indicated that the direct link between drugs and HIV was the possibility of being infected by syringes or by an infected person. They indicated that: *"there got some that use drugs and needles."*

Respondents were quite knowledgeable about how HIV/AIDS is contracted. They indicated that it can be contracted through unprotected sex, burst condoms, blood transfusion, through cuts, mother to child as in birth and breast feeding.

Recommendations

When asked: "What can we do to help about HIV/AIDS/Drugs"? Respondents had mixed views on older people. They suggested that old people talk down to them, they are hypocrites and should set an example. However, they also believe that older persons, maybe 18 years old, could get the message across more effectively.

Respondents suggested that the following ways may help in the prevention of HIV/AIDS and drug use.

1. Give young people a chance to actually talk "Young people have common sense, sit down and talk.
2. Older persons need to stop telling them that they are too young to have problems and explain to them the mistakes that they would have made and then advise

them to prevent them from making the same mistakes. *"too young to have problems, some of them do worse things, talk down . Say there got some older people that used to tek it and thing and them will hollow for"don't tek that there when them teking it but they just want to make the child change their mind and thing, when they come and tell you look, I know what you gine through and thing, but you got to stop that , I was once so ,it will be better than somebody talking you down, because to me some people does talk down their children rather than giving experiences, look at me now."*

3. Bring over programmes
4. Older persons to set example "to stop doing it" and be examples
5. Counselling
6. "*Easier for someone my age or somebody 18 to talk to to you all about HIV/AIDS and so on". It will be for somebody 18 because they were like young, somebody younger that can understand you".*
7. A persons with HIV will be better place to get across the message *" person with HIV who are positive , talking to you all will get across the message to you all better than me who is not HIV."*

Boys Under 15

DRUGS

All the respondents knew the difference between a legal drug and a illegal drug, and were able to give examples of each type. They all admitted that they had used both substances. Their examples of legal drugs were: cigarettes, alcohol and medication (e.g. panadol). Examples of Illegal drugs were: marijuana, cocaine, heroin, crack and opium.

Respondents also mentioned knowledge mixing of illegal drugs, particularly cocaine and marijuana. However, they did not use illegal substances other than marijuana. The group also noted that they could not become addicted from using panadol.

All of the respondents had smoked marijuana and drank alcohol. None of the them had used cocaine. They believed that cocaine was a more dangerous drug. They said: *"Cocaine mash up your brain."* They indicated that the legal drug the used most frequently was alcohol (*Heineken Beer, Hennessey- Brandy, Gin, Malibu Baileys)* and the illegal drug most frequently used was marijuana.

SEXUAL ACTIVITY

Five out of six respondents admitted to being sexually active.

Respondents were equally divided as to whether their use condoms all the time during sex. Others stressed their dislike for using condoms.

The reasons given for not using condoms during sex were:

- *"tell the truth, when you got on a condom it does rub on the girl "lilietongue"(clitoris), when it in and it rubs you don't know whether it burst or not"*
- *"Don't really like condoms because you do not feel like you doing anything"*
- *"When it in it does burst and you do not know. It never happen but I just saying"*

Sex and Drug Use

Three out of six respondents admitted to having sex while drinking or smoking marijuana or drinking alcohol. One respondent noted *"When you smoking and drinking you take long to come cause you don't know what you doing."*

Respondents generally agreed that it was not easy to put on a condom when heavily under the influence of drugs? Reasons for this were given as: *"when you drink you don't know what you are doing.", " Some people might not remember to put it on properly but I going remember to put it on."*

Two respondents pointed out that they were careful when putting a condom, even when drinking alcohol or smoking marijuana and stated that they knew how to correctly put on a condom.
When the respondents were asked what were the reasons for not using a condom, two respondents noted that being able to feel were the reasons for not using a condom.

Anal Sex

All the respondents said that they did not practice anal sex.

The respondents were asked if there was a link between drug use and young people with sexually transmitted diseases. One respondent said: *"Yeah, if you drunk or high you having sex you may be enjoying it but you ain't know if the girl got AIDS or nothing so."* Another noted that: *"You might be tipsy and condom might burst and you won't know."*

When asked "Do you know any young men in your age group that sell their bodies for drugs or brand name gear"? The group responded NO. However, the respondents generally felt that girls prostitute their bodies for brand name gear, money and fame.

HIV/AIDS Awareness

Respondents believed that persons from ages 10 to 19 were most likely to contract HIV/AIDS. However, some indicated at any age, but particularly so on entering secondary school. They said:

- *"when they get in secondary school is when the get on and thing real bad so it can be from any age."*
- *"13-19 years"*
- *"From about 11 and class 3"*
- *"Nursery from time you born"*
- *"10 and up"*

Recommendations

What programmes should be put in place to help with the reduction in marijuana use , alcohol consumption and reducing young people like yourself getting HIV?

1."You can sit down and talk to them old people like you and Jonathan"

2. *Your peers*

3. *Let people know what drugs do to you*

4. *It is not working because every day you hear people got AIDS.*

5. NO, *would not get through to them if you were in a suit*

Girls 16 and Over

DRUGS

All respondents said that they knew the difference between legal and illegal drugs. They described legal drugs as: "*a drug the government make legal", "a drug you smoke or injections",* Cigarettes, Medication, Alcohol (Heineken, Guinness, Vodka, Brandy). Illegal drugs were identified as: "*drugs which are against the law"*, Marijuana, Herb Weed, Dope, Ecstacy, White lady, Uppers, Downers, Blackies.

When asked about the types of legal drugs most frequently used responses were varied. These responses are provided below.

Participants indicated Alcohol *(Heineken, Hennessey, Cherry Brandy, Guinness, Hypnotic and Brandy, Tequila and Baileys)* as the legal drug most frequently used and marijuana as the illegal drug most frequently used.

Answers to the questions "When you drink alcohol how does it make you feel"? were:

- *"Good feeling"*
- "*Head does be dizzy, but I still know what I doing*"

- "*My head does be there and not there*"

The effects of marijuana use, are given as:

- *"felt better after using marijuana than alcohol"*
- *"would need more than one joint to get a high from marijuana (One joint might not get there; One joint would not touch you, about three; Above "Cloud Nine". 4 or 5; 3 to get high"*
- *"a state of euphoria"*

Respondents were asked the reasons why they though that young people used drugs. Their answers to this question were:

- *"Peer pressure"*
- *"Stress"*
- *"Just for fun"*
- *"Relaxation"*
- *"Some parents will give it to their children"*
- *"entertainment, e.g., if you are having a party"*
- *"seeing your friends doing it"*

Respondents indicated that they were never forced to use drugs, but one respondent said, "*but you see your friend doing it and you will want to do it"*.

Respondents also talked about the ease in obtaining drugs. They believed that alcohol drinks are easy to obtain, once an excuse is given they can obtain alcohol.

When respondents were asked if they could actually go to the store and buy alcohol without anybody asking questions? The responses were: "*Just go to the shop and call for a Guinness*", " *Nobody don't refused money*", "*some shopkeepers asked questions - say it for my father*". Respondents also believed that marijuana is easily obtained.

SEXUAL ACTIVITY

All the respondents were sexually active and knew the meaning of unprotected sex. They said that unprotected sex was "*sex without a condom*". Two respondents indicated that they used a condom during sex and two respondents indicated that they did not use a condom during sex.

All respondents indicated that they have never had sex with more than one person at the same time. But five out of the six respondents admitted that they have had sex with someone other than their boyfriend.

Condom Use

Reasons given for way a person may not use a condom were:

- *"When you ain't got none"*
- *"When some trying to get pregnant"*
- *"When you want to feel good"*
- *"When things hotskin to rubber don't feel like skin to skin"*
- *"When you in a hurry"*
- *"Chemistry kicking"*
- *"they don't feel good when they used a condom"*

Respondents were asked, "Do you think that using drugs would prevent you from remembering to use a condoms"? They suggested that: " *taking drugs you might forget about using condoms*" and *"Some drugs does mash-up the brain."*

The respondents also agreed that putting on a condom when under the influence of drugs "*won't be easy*" the reason given for this was, *"Because your eyes will be seeing double and it would be hard"*

Anal Sex

All respondents indicated that they did not practice anal sex, reasons given were: *"Because the anal ain't made for dat kinda sex*

HIV/AIDS and Drugs Messages

The following suggestions were given in response to the question, "what do you think can and should be done to reduce HIV /AIDS and drug use among youths"?

1. *"TV Programmes:*
2. *"Posters round the neighbourhood"*
3. *"Get singers that people look up to, advertise on BET"*
4. *"Easier to respond to someone who has experienced"*

Boys 15 and Over

DRUGS

All the respondents knew the difference between a legal drug and a illegal drug, and were able to give examples of each type. They all admitted that they had used both substances. Their examples of legal drugs were: cigarettes, alcohol and medication (e.g. panadol). Examples of Illegal drugs were: marijuana, cocaine, heroin, crack and opium.

Respondents also mentioned knowledge mixing of illegal drugs, particularly cocaine and marijuana. However, they did not use illegal substances other than marijuana. The group also noted that they could not become addicted from using panadol.

When asked the type of drugs most frequently used, six out of seven named Alcohol (Brandy, Heineken, (Beer) Hennessey (Brandy) and Guinness) as the legal drug most

frequently used and five out of seven named marijuana as the illegal drug most frequently used. One said No and One did not answer. Six out of seven drank alcohol one said that he did not like anything so.

The group acknowledged that they started using alcohol and marijuana between 12 and 13 years old.

SEXUAL ACTIVITY

Condom Use

Six of the seven members in the group admitted that they had unprotected sex.

The group believed that one learns how to use the condom through experienced and by trial and error. Some however admitted that they were taught by social workers or another persons. Some of the responses were: "*You have to try things, you got to get experience"* and *"Certain people who ain't know, family planning show them"*

However, there was the observation that no assistance came from the family in teaching how to use a condom. One respondent is quoted as saying: *"My family tell me you have to use a condom when getting sex but my family ain't show me nothing"*.

One respondent however noted that he never used a condom. He said *"I never use none and I ain't know how to use nothing so"*.

Anal Sex

How do you feel about anal sex with women?
The respondents admitted that that they engaged in anal sex with females. They also agree that they did it in order to satisfy the females. However although there maybe some

sexual adventurism involved *"Get down kinky, get down dirty"* they ensured that they wore a condom when having anal sex.

Respondents noted *"They have some girls that like it bad, need to satisfy them. When you getting it from the back they will ask, that time you have to beat it with the condom because you getting down kinky and going through the tunnel*".

Another respondent added *"Certain girls like that "dey" and that is what does satisfy them, they don't only like the sex they like the kinkiness. If they want it, they would get it."*

The group generally believe that anal sex was an unclean sexual practice. One responded said: *"I don't deal with nothing so and that is nastiness."* Another remarked *"Because don't want no faeces "pun" the big head*". Another respondent admitted to having anal sex, he said *"I had a similar experience and I use a condom……."*

Different views however emerged when comparing anal sex with a woman and a man. Some noted *"if you do it to a woman you would do it to a man"* while others suggested that anal sex with a woman is different than with a man *"because with a woman when you hitting from the back you would see a vagina ……*"

The group however generally abhorred the practice of men having sex with men. One respondent noted *"How can men have sex with one another though?"*. Others showed they disapproval by calling for a stop to the practice of anal sex *"Bun dat"* and *"Bun fyah pun dat."*

SEX AND DRUG USE

When asked: "How easy is it to put on a condom under the influence of drugs"? Respondents generally felt it was difficult to put on a condom after drug use. They attest to such difficulty by declaring that *"It ain't easy I telling you"* and *"Once you seeing*

one". Another respondent suggested that you may incorrectly put on a condom under the influence of drugs. He said: *"You feel a lil' sorta way right, and you might not put it on how you usually put it on"* It was also noted that putting on a condom under the influence of drugs use depends on the individual.

HIV/AIDS AWARENESS

When asked "What age group do you think is more at risk of contracting HIV/AIDS"?

Respondents believe that persons between the ages of 11 and 19 are more at risk of contracting HIV/AIDS. They also believe that correspondingly first form girls and boys are more at risk. The respondents also pointed out that boys and girls have sex for money and drugs. The responses to age groups and forms are listed.

- *"13-19"*
- *"11 back down"*
- *"11-12"*
- *"12 and steady"*
- *"from first form to third"*
- *"they got first form girls who push it at fourth formers"*

HIV/AIDS and Drugs Messages

Respondents generally believe that HIV/AIDS and Drug messages should target the younger people who are most vulnerable. They believe that older persons are more difficult to change habits. They also suggested that television programmes should be done in a way that appeals to the younger people and these programmes should be shown at times when most young people are likely to be watching television. The following comments were noted:

- *"They work on certain people. They work on little children that now coming up, but big men that smoking they would listen but eventually go back on the same track."*

- *"The got people who ain't care bout life or care what happening just do their own thing don't really check for nothing so or nothing"*
- *"Work on the ones that now starting that ain't really know nothing bout it, them does get scared but the ones like it in and into it every since them don't really pay it no mind"*
- *"Got to deal with the little youngsters that smoking every since".*
- *"Depends on the way you put it over though at the NIFCA and ting, got get people like, cause most the people like nuff bashment and ting, like develop a different style and thing, like in a positive way……bring it out so young people can't really understand , that can't read too good and ting, like understand it more better. That is how ya does get out the positive things"*
- *"Pun a night and ting as 7 p.m. and ting as the news done they should have drug programmes, dey should got drug programmes coming over the TV all like 5pm and ting when lil' children want to watch cartoons."*

Recommendations

Respondents generally believed that in order for programmes to be successful there is a need to involve persons who have experienced drug use or who have contracted HIV/AIDS to talk of their experiences. They following recommendations were given:

1. "Develop a system with young people that went through this here already and get bad results, cause them got to come and talk to the people now and show them this way that I went and this end up happening to me now".

2. "Bring somebody experienced though and somebody that old that went jail and ting and use drugs"

3. "Bring somebody that had unprotected sex that got aids and the skin breaking out"

4. “You got to bring somebody that was a drug lord and ting right, and cause he get hurt and ting he change now and people may not believe it but some people that was big and bad now going to church

Teen Challenge

DRUGS

All respondents felt that they knew the difference between a legal drug and an illegal drug. Their description of illegal drugs were : cigarettes, alcohol and prescribed drugs. Illegal drugs were given as: marijuana, *c*ocaine, ecstacy, crack cocaine.

SEXUAL ACTIVITY

Anal Sex

None of the respondents practiced anal sex. They did not believe in the practice.

Group Sex

The respondents were asked whether they engaged in group sex. Some of them admitted to this practice, their responses were: *“Yeah me and 3 girls”; “Three or four girls in one day played that game”* and *“Four guys and two girls.”*

However, the respondents said that they used condoms when having multiple sex partners. One respondent said: *“to be honest if I got two or three girls condoms got to be used.”* Another said “*no matter what, I am making sure I got my raincoat in my pocket.”*

SEX AND DRUG USE

Responses to the question how easy is it to put on a condom under the influence of marijuana and alcohol were varied. Some of these responses were:

- *"Not that easy"*
- *"Sometimes you don't think about a condom you just want to get pleasure"*
- *"If it is me and my partner and I high it's not easy."*
- *"You can't think, your not studying condom your just studying the feeling that urge your mind is down there."*
- *"see that alcohol thing ,that alcohol go straight to your head if you're drinking and falling down, how you gonna make and stand up to put on a condom"*

Do you think young people are using drugs and having sex together?

- *"Taking weed and alcohol to link up"*
- *"some people don't need alcohol to do it there just wild."*

HIV/AIDS AWARENESS

All participants indicated that they knew how HIV is contracted. Their indicated that it was through unprotected sex, transmitted through mother to child during birth ,sharing needles and blood transfusion.

HIV/AIDS and Drugs Messages

When asked "Are HIV, Drug messages effective"? responses given were:

- *"The reason I would say the message is not being brought forward because people out there , right. If I bring out the message brawl, it be rude. The Government going to see it as you can't do that, but you have to send out the message "ratted" young people are not going to get it, but then Government going to say that's rude showing a lot of influence, if you don't show the child or individuals this is what you do and this is how you get from it the message will never get out."*

- *If it was and I had to put it out I would put it the ratted way ghetto.*
- *"Rough"*
- *"Show pictures like what AIDS can do to you, how it's got you look know what I mean you have to bring it out ratted"*

Her Majesty's Prison

DRUGS

The respondents were unsure as to what is considered to be legal and illegal drugs. They however gave examples of what they felt they might be. Their description of illegal drugs were: cigarettes, alcohol and medication (e.g. panadol). Illegal drugs were given as: cannabis, *c*ocaine, ecstacy, heroin, Blackie (marijuana and cocaine).

One respondent felt that cocaine was a legal drug and another respondent did not consider marijuana to be an illegal drug.

All the respondents have used illegal drugs and drank alcohol. The legal drug most frequently used was given as, alcohol *(Guinness and Brandy mixed, Brandy, Gin and Vodka)* and the illegal drug most frequently used was given as marijuana.

Sexual Activity

All the respondents admitted to being sexually active.

Condom Use

All the respondents indicated that they have had unprotected sex. *"Yes I don't walk about with none."* Most of them indicated that no one showed them how to put on a penis. One respondent said that his mother showed him how to put on a condom. One respondent however indicated that he knew how to put on a condom from reading books. *"I read certain books and thing right, you does see how to put it on."*

The respondents suggested that no condoms were used, however, when they ran out of condoms bags were used. *"Yes, when men run out of condoms the men use bags now, like garbage bags."*

The respondents noted that they do not use condoms when having sexual intercourse with their girl friends, but use them with other girls who they might occasionally have sex with.

When asked if a girl would usually ask them to use a condom? The respondents said that they believed that the female's societal status will be a factor in whether a condom is used. They suggested that this societal status exist in cases where women *are labeled as a "Skelewag"* or a *"high society girl".* Respondents further explained this difference and noted*: "a high society girl you could drive bout she car and she always clean….. If it is a "skelewag" she ain't care what he do to she….. if she is a high society girl she going to want condom and thing."* The respondents said that they have heard of the female condom but they have never seen it.

Anal Sex

Respondents were asked their thoughts on anal sex, their responses were: *"If she want I give it if she want get down I go get down", "No problem with it", Don't carry me that road".*

The group indicated that no one has ever had anal sex with them.

Respondents generally believe that both older and younger girls prefer anal sex. However older women will tend to ask for it while younger girls are more forceful in their demands for anal sex. One respondent said *"older girls but younger girls is still like anal sex though. Older girls 24,25,2".*

When asked "Do you ask the girls to have anal sex or do the girls ask as well"? response was: *"The older women now does ask and the younger girls now is just want "tek it" unfair you and "tek it"*. In explaining "unfairing you" this respondent said *"Want put it there older woman going ask if you going go that route and it is up to you."*

Group Sex

The respondents were then asked "How many girls have you ever had sex with all at the same time"? The responses to this question were: "*3",* Another reply was *"1 or 2 girls sometimes*" and One respondent said that his partner and himself had sex with the same girl on 3 separate occasions. On those occasion he said no condoms were used.

Another said that sexual intercourse is usually between one girl and many boys, *"One girl and nuff fellows",* He indicated that sex does not involve anal or vaginal sex but other practices which they identified as going "off-route". *"Mouth, ears, nose, everything all at once, every hole"*. "Off-route" activities could include15 partners and 1 girl.

Sex and Drug Use

When asked how easy is it to put on a condom when you are high, The respondents indicated although it may not be difficult to put on a condom when under the influence of drugs or alcohol but when under the influence (high) they do not use a condom. One respondent indicated that he does not use a condom whether or not he was under the influence of drugs. Some of the responses to this question were:

- *"It ain't difficult though but when I high or nothing I really study bout no condom or nothing so though"*
- *"I don't really check for no condom"*
- *"For me now a condom is really for me to put on when I "blakey"(high)".*
- *"If it did me now and the man got something there to slaughter, the thing would got to put on my condom for me. Got to put it on. Under any cause or drink or high."*

- *"I put on one once"*

The respondents were then asked "Were any of you ever to drunk too have sexual intercourse"? their responses were:

- *"When I high right , I won't say that would stop me now from slaughtering it or when I drink like Guinness or anything so now right that ain't going really stop me but it going make me go more longer now know what I mean"*
- *"You does drink that to make it last longer"*
- *"When I drink I don't get that hard. Sometimes when I drink I don't do nothing cause I pass out."*
- *"When I got something to slaughter I would drink something get boost . I don't get that drunk".*
- *"I don't get that drunk. I does drink what I want. I don't drink what I see".*

The respondents generally believed that both women and men sell their bodies for drugs. One respondent indicated that he knew of this activity while incarcerated. When the respondents were asked if they knew of any persons that are into prostitution to buy drugs, one respondent said "a couple", another said "in jail" and another response was *"I know women but I don't know men."* One respondent however pointed out *"I only know women that does sell the body I ain't know no women that does sell their bodies for drugs"* while other stated: *"I know about the men", "I know a couple of men from up my side does sell the body to buy dope and women too"* and *"I know women that does sell the body to buy dope"*

Do you think that there is a link between young people using drugs and having sex?

- *"Say you smoke and you high and you feel good, the first thing that does come to you mind is sex".*
- *"Say the girls pun you block is smoke weed that is the first thing them looking for too".*

All the respondents agreed that a lot of young people were smoking marijuana and having sex at the same time.

HIV/AIDS Awareness

When the respondents were asked who they thought would be the persons at risk to catch HIV/AIDS, they believed that HIV/AIDS could be contracted by older and more financially better off men who prey on younger boys. This practice has been labeled as "down Low." There is also the belief that women from more privelege backgrounds "high society" can also contribute to the spread of HIV/AIDS. Having sex with more than one man at the same time can also contribute to the spread of HIV/AIDS. The following responses were noted:

- "*High society people that feeling their most important and thing. Them is who does go out catch it them ain't dealing men like me…you see them men that got on them shirt and tie and thing."*

One respondents also referred to the practice of *" down low"(men having sex with men)*

- "*…That is how them does catch it and them does come and give people like me*"
- *"High society men and women too"*
- "*I think you would get it from high society men first cause it is the sorta men going and stop and picking up lil boys in cars and go and do them sorta nastiness you know. Them lil boys getting it from these now then get some nice girl, give she it and then from they she give other men it and then she end up dead and then she end up taking them along with she".*
- *"I know for me it from wild girls cause like eating the snacks , cock and thing the ain't got no condom."*
- *"Having sex with a lot of men at the same time"*
- *"Men pun the down low who going pick up the lil boys and the lil boys coming back and the girls liking them cause them pretty girls now coming back and giving we the Aids."*

When asked it there was a particular age group that engage in homosexuality, the respondents generally agree that the age which persons engage un homosexuality starts from as young as 11 years. The reasons are that they want brand name clothes and shoes and are not prepared to work for what they want. Other responses were:

- *"14 and thing man"*
- *"11-12 primary school and thing"*
- *"from about 13"*
- *"under 20"*
- *"start at 11".*

In response to the question "Are you all saying that there are a lot of young men engaged in homosexuality"? One respondent agreed and expressed the *obvious "How you mean!!!!"*

The respondents said that their prefer to have sexual relationships with older women ages 20 to 29. One said *"42 years and back".*

HIV/AIDS and Drugs Messages

When this group was asked what they though about the HIV/AIDS messages, their responses were:

- *"They should got condoms now by community centers now in neighbourhoods cause the " a night time men on the block liming a lil thing now get through… it late shops shut and nobody ain't got no condoms and we see lil thing now outside lurking. Tell we self we going for she, we ain't got no condoms and we going along and have sex with she without condoms"*
- One respondent however noted "that you can get a condom anytime in nelson Street".
- One respondent argues that if he saw a poster while he was thinking about sex he

would think more about using a condom.

- Respondents also believe it to be more effective if educators were to speak to them in person, they suggested *"TV now don't really explain certain things and thing. But talk in person now to somebody you would really see what going on".*
- Another said that condoms should be issued in clubs since sexual may occur in the bathrooms. He said *"girls want it in the bathroom*".

Recommendations

1. *"You got to do it in schools and you got to show people in the last stages."*

2. Respondents also felt that persons on the block(community) already knew about HIV/AIDS but don't really care.

3. One respondent suggested that persons should come into the communities (on the block and deliver messages to the youth. He suggested that certain persons may not be willing to sit down on the block and talked with them since they may be more interested telling them to get rid of drugs and guns. He further said *"but if people come on the block now and sit down and talk to people bout AIDS and show people pictures , certain things people could be interested. The would tell the self you this is how I could turn out if I ain't use no condoms next time".*

4. Other respondents agreed and suggested that meetings are usually set up far from the block and ask persons to come to such meetings.

5. Another respondent added *" if you had to set up a meeting far from the block and telling people to come block people would tell themselves I selling my herb."*

6. Another respondent said *"...for years people looking for people to to come to them these messages does be real positive. You know people ain't going left no ghetto to go nowhere. We can't understand that. We can't understand getting up*

on mornings and putting on a shirt and tie we don't understand that .Come to we , you bring the message to we then you know what would happen probably we could identify."

7. Respondents also indicated that both male and female persons in their age group would be the better suited to talk with them.

8. Use of celebrities

9. One respondent said that if celebrities are used people will listen. However respondents were indifferent to the type of celebrity. They indicated entertainers such as Edwin Yearwood , Lil Rick and similar artistes "*them sort of people may be more effective".*

10. One respondent noted *"if the bring a condom name 'Chihuahua' everybody want one. Every body want to have sex in the Chihuahua condoms"*

11. One respondent said that you must select persons who can relate to the others in the community. *" If you go on the block and talk to 10 people everybody might not understand you get one body out that crowd might that could understand that could help them rest understand". Another respondent added " if you could get through to the boss that everybody is listen to everybody going listen to he."*

12. However some respondents mentioned the difficulties in selling effective messages. One noted that persons in communities are suspicious of police officers and said *"As long as you ain't the police you good."* Another mentioned peer pressure and said that it may be dangerous for him to participate if others on the block were not interested. He noted *"If you go through Nelson Street you reach the block That I is be pun, I listening to you and the rest ain't listening I going get gun butt when you left".*

ADULTS OVER 25

Elroy Phillips

DRUGS

All the respondents knew the difference between legal and illegal drugs. Legal drugs were considered to be alcohol, beer, cigarettes, prescribed drugs and other medicinal drugs that are legally sold. Illegal drugs were considered to be marijuana, cocaine and crack cocaine (marijuana and cocaine mixed).

One respondent however noted that some prescribed dugs are abused by patients and sold illegally *"There are addicts who would normally go to people on psychiatric medication and if the want a high. People claim they sell it to addicts. They get as medication and then they sell it to drug addicts for them to get high*."

All the respondents have used legal and illegal drugs. The legal drugs used were mainly alcohol, guinness and beer while the illegal drug used was marijuana.

Females indicated that they used very little alcohol and may used malts and plus .
The males had mixed feelings about drinking alcohol. One man felt that beer cleans the body. *"beer is something that does clean the body and make you pee a lot "* Another said *"you don't feel sweet you just feel out of order."*

Females did not enjoy the experience of drinking alcohol. One said *" you is feel bad all over your body*".

SEXUAL ACTIVITY

Condom use

When the question "If you consume far too much alcohol would you be able to put on a condom"? was put to the participants, One of the males in response to the question said *"somebody got to put it on for you."* Another male respondent said *" when a person is high they don't really function that much they would normally do things and ain't even remember you do them."*

Others had no difficulty with putting on a condom after drinking a lot of alcohol. One male reported *"yeah I could put it on I know how to protect myself. I don't get hard. When I use to drink before I get HIV I use to get sweet and thing but I could still help myself put on a condom."*

One female said that being drunk can cause you not to put on condoms *"cause he too drunk , he can't remember how to put it on.*"

Another male said *"because you get more value of sex when you ain't use a condom. You have more feeling. A man discharge in a condom is just like if you jerking off."*

One female said that condom use is more popular now than before *" Long time ago they didn't have no condoms, just a usual thing now it is just condoms. Long time ago nobody didn't know about condoms"*

The male participants said that they had sex without using a condom. They indicated that sex was not enjoyable if a condom was used.

"*My experience is right , I ain't know bout the rest of men, if I put on a condom and have sex with a woman, you really don't feel that way like you want. Like me how and rest of men like me like to feel meat skin and oil when the woman come you don't feel nothing so."*

In response to the follow up question: "Were there times when you did not use a condom"*? O*ne response was: *"yeah nuff times, but this is what does happen when you*

put on a condom right and you don't get the erection to last, you penis is drop . You is feel like you ain't doing nothing then."

Both females said that they had unprotected sex..

Contraceptive Use

Only one of the participants knew what contraceptives were. One male considered contraceptives to be limited to condoms. He noted *" it is something that you use to prevent that skin to skin contact with a person when you havimg sex with them . it is with a condom that you would normally use when you having sex.*

Anal Sex

Most of the participants did not practice anal sex. One admitted to unprotected anal sex One male said, *"I would never cause God forbid that , I would never do that."*

Group Sex

One male said that he had group sex involving two girls at the same time on two occasions. He indicated that he did not use a condom. The females said that they had sex only with their boyfriends and husband respectively.

SEX AND DRUG USE

The participants felt both men and women engaged in prostitution to obtain money or drugs. Money is obtained to buy clothes and food while sex is use to pay off drug debts.

When asked "Do you think that people prostitute their bodied in order to get money"? One male said:*"Yes in a kind of way if you sell it or for food or one of the two it is a sale anyhow."* He futher added *" I feel most times the doing for is paying the bills and buying goods and thing and all that I feel that is the most thing whores do.'*

Another male noted that both men and women sell their bodies for drugs. "*Right now the selling of drugs now that is the biggest part of it now."*

Another male said that sex is given to pay off debts. *"The problem with drugs is that if the reason why the person got the problem is that if they owe for drugs and they cannot pay, that is how they usually offer sex if they find it is not possible to pay the drug man they usually sacrifice this for sex either it be a man or woman they use that as a shorter way of paying the debt for the drugs."*

One female said *"They are selling their bodies to buy nice clothes."* She further added *"To buy nice clothes they nice shoes and they like nice cause sometimes they don't have no money so they sell they bodies to buy these things."*

HIV/Aids Awareness

When these respondents were asked who they thought in our society is most likely to contract HIV/AIDS, the response was: *"People that don't use condoms , people having sex with more than one partner, people that smoking drugs and using needles and all kinda things."*

They indicated that they felt that persons between 16,30 and 40 were more at risk.

HIV/AIDS AND DRUG MESSAGES

In response to the question "Do you think the HIV and drug Advertisements are working"? One said *"No, cause the same way how I get this I hear bout it and I still went*

and deal with some girl without a condom. The whole problem is certain men don't like condoms ain't going use them. No matter what."

Another said that the HIV and DRUG advertisements are working. He noted "*People getting more educated on HIV and AIDS than before and when the first had HIV and thing the still have a stigma but it is not like before. It has change a lot even in the workplace then people who had HIV use to give up on life would call it quits… now the people are more educated about the HIV and so on now, they have more seminars and people talk more about it now…."*

Recommendations

1. One male said *" I feel that the most way people would really tek it is in showing pictures to show how people come down getting the body from up top and and carry right down. People would tek that serious they would see what going on and what does happen to the body."*

2. He further added *"mean you was healthy then you catch it and then you get sick and thing and going down get small and right down till ya dead showing that pun TV is something will show people what would happen to you if yiou get HIV. Something that people would see what is happen to you even like the cuts and all that kind of thing like how some people does break out and how does get small and bony.*

Teen Challenge

DRUGS

All the participants in this group have used legal drugs and a wide range of illegal substances more so than any other group. The participants also experimented with other

legal substances not mentioned in other group discussions namely "Joy juice", kerosene and cow manure.

The participants knew what was considered to be legal and illegal drugs. Legal drugs was defined as *"Any drug that can be bought over the counter'* and illegal drugs were *"Any drug that is banned from Government."* Alcohol, prescribed drugs, cigarettes, coffee were mentioned as legal drugs and marijuana, cocaine, heroin and ecstasy illegal substances.

One respondent noted that used other substances including kerosene and cow manure 'cow dung.' He also consider this practice to be illegal depending on how it is used.
Another respondent admitted to using marijuana, crack cocaine, mushrooms, hash speed.

Respondents noted that mushrooms also gives a high. *" Yeah mushrooms grow close to the cow, not the ones you get in the store, but the ones that grow near cow dung."*
" Boil it or steep it and it gives you a high." Another respondent admitted to using joy juice. *" you boil the seed it turns you mad sends you 'hay wire'."*
All respondents admitted to using many forms of legal and illegal substances.
One respondent used marijuana, cocaine, crack cocaine, angel dust, prescribed drugs, joy juice and mushrooms. The respondents used:

- Cocaine and Marijuana, Rum
- Cocaine, marijuana ,LSD, alcohol and cigarettes
- Marijuana, cocaine, crack cocaine, any prescribed drug ,rum, joy juice and mushrooms
- Marijuana, cocaine, Angel dust, speed prescribed drugs, alcohol, kerosene oil, *"anything that can get you high"*
- Crack cocaine ,marijuana, cigarettes (tobacco),alcohol prescribed drugs
- Marijuana ,cocaine, hash speed, alcohol, cigarettes, coffee, painkillers, prescribed drugs

One respondent spoke to the effects of kerosene *" for days you feel high within your ears, eyes your lips gums, you feel a high all over"*

Respondents talked about the effects of drug use. *" ...alcohol does got you more aggressive while marijuana has got you more cool." "Cocaine got you alert ,busy."*

Injecting drug users - None of the participants injected drugs.

SEXUAL ACTIVITY

All the participants had unprotected sex. One participant said *"everytime."*

Condom Use

Most of participants said that they used condoms sometimes when participating in group sex. One said NO. Another one said *"yeah used condoms sometimes", "Group sex and with condoms".*
One other respondent said *"I used condoms when I use to masturbate that is the only time."*

Anal Sex

The question "How do you feel about anal sex"? was then put to the participants. They gave mixed responses to anal sex with they being the dominant partner. Two participants disapprove of the practice stating *"its an abomination".* Four admitted to having anal sex. One of them said that he regretted having anal sex while another said that he did it under the influence of drugs. He said *" I met a girl and she requested that kind of sexual behaviour due to the fact I was under the influence of drugs I was up for it and I obliged"*

In response to question "Has it gone the other way has anybody ever had anal sex with you"? All the participants reported having anal sex with women only. However one participant did not answer the question.

Group Sex

In response to the question "Has anyone ever participated in group sex"?
Four of the participants said they participated in having sex with involving more than one person at the same time? Three said they did not participate in group sex. Two participants said No. One participant said *"I have been there before"* Another said *"Yeah men and women, three women".* Another "*I did, three girls and two guys*"

SEX AND DRUG USE

When asked about Condom Use when under the influence of drugs, most participants found it difficult to put on a condom when under the influence of drugs. However some participants did not believed in using condoms. They were then asked how easy is it under the influence to put on a condom? Responses included:

- *"Easy if it is group sex someone else would put it on."*
- *"Don't know a condom exists under the influence"*
- *"Don't believe in condoms"*
- *"Hardly ever used a condom"*
- *"Like to feel the flesh"*
- *" I agree I would use a condom sometimes and then half way through I would take it off, condom takes away the excitement of sex."*

Participants generally believe that both men and women sell their bodies for drugs. However this practice may be more common among the cocaine addict. The female drug addict may also find it more difficult than the male drug addict to buy drugs. Their responses were:

- *"I see some of that a little bit"*
- *"Yeah addicts to buy shoes and stuff"*

- *"Young girls sell their body for clothes"*
- *" 26 years of addiction done a bit of time in prison I have seen men doing degrading acts for drugs. The drug pushers degrading the drug addicts they have to do anything that is requested."*
- *"I gave female drugs to deal with them. I have seen instances where men does prostitute for drugs. In our society it is more easier for man to purchase drugs than a woman so you find that most women that smoke drugs get their money from prostitution."*
- *"Crack cocaine carries away all your money, so there becomes a time when you would do anything."*
- *"I saw men and women prostitute for drugs"*
- *"I have heard a situation where women use prostitution to supply their boyfriends with drugs."*

HIV/AIDS Awareness

Participants believed that HIV could be contracted through fluids, unprotected sex, sharing needles, blood transfusion and from mother to child at birth.

They also believed that persons at risk for contacting HIV /AIDS were homosexuals, bisexuals, people on drugs, people that are ignorant and young girls in school.

HIV/AIDS AND DRUG MESSAGES

Participants generally believe that the church should become more involved in HIV /AIDS awareness programmes and children at a very young age should be targeted. They also believed that persons who have contracted HIV/AIDS talk to schools and the youth about their lifestyles before and after contracting HIV/AIDS.

Recommendations to get out the message on HIV/AIDS were:

1. “Enlightened the people more get the messages out there churches schools open air. We need an example people that are positive to say how they got it and why they got it that would have an impact something that is live.”

2. “I think the church should really get involved in it , educate the youth more like NIFCA.”

3. “I would be wiling to give my testimony on the stinking nasty life I use to live to educate the youth.”

4. “Target the school children most of them live in environment where drugs are mostly used. Even their parents smoking drugs.”

5. One participant thought it was important to target children at the primary school age. He said *“.....a little six year old boy was caught smoking marijuana under a tree with his elder cousin. This thing is being introduced at a young age by their own family.”*

6. Another participant believed that if he had been exposed to the information on HIV/AIDS before when he was younger his life may have been different.“ Drug awareness and HIV education has come a long way, but it’s got a long way to go and I feel if this information was available to me as a youngster I would have gone a different road.”

7. Another participant suggested a rethink of current advertising which appears to lack realism. *“When you have an ad on TV telling you about HIV be careful and you have healthy looking people it’s missing the purpose, you have people dying from AIDS where you get first hand what it really is to got AIDS. More work to be done they want to see reality”*

Her Majesty’s Prison

DRUGS

All the inmates have used legal and illegal drugs. The majority of inmates have used alcohol however they believe that alcohol is a gateway drug.

One inmate noted*: "People does talk about alcohol, alcohol is a legal drug, but to me alcohol is a gateway to any other drug. I used to drink, I start with beer, then I start with whisky, then I start with marijuan, then I start cocaine. It is a gateway."*

Inmates admitted to using speed, 'MX', 'blue boys', 'cagnagens' (prescribed medicines for psychiatric patients),cocaine and marijuana.

SEXUAL ACTIVITY

When asked about condom use during sex the responses from this group were:

- *"The first thing a man does do is make sure he got a condom, not all men".*
- One inmate made distinction between persons who look after their health and those that do not ."*Listen to what I dealing with, people that does think straight, people that does look after their health, serious health, people that like sex bad, always got rubber and don't care how drunk he is, and he gine anyway with any girl, I know he using that rubber"*
- *" You got to understand now, that with the homosexual thing, because the girls into the same thing as the boys….some girls like it in the anus, understand, and some boys might like it in them anus, so it is versa, versa, it ain't nothing strange between a homosexual and an ordinary bisexual."*
- *"….I know there got men out there like myself who doing this thing for years, 30,35 years,60 years and them ain't sick, because them dealing with one sex, them dealing with men only, not men and women."*
- *" there got people that does just do things, them ain't under the influence of rum, cocaine, nothing, them mind just that kinda way, they just sick and they just do these things."*

- *"…. from my street living , the majority of them men that I know, pon the streets love their condoms, condoms is one of the things that sell in Barbados on a rapid basis."*
- *" I pon the streets all my life , I was pon the streets from the time I was 11 years old. I was pon the streets of Barbados and time I come along in my life as a street man, and the street population to me is more than the general population, and condoms does sell on a day to day basis, I don't see why they should got so much aids in Barbados."*
- *"Some people will just use them for styles" another inmate said" "and there got some people would go and take them out, out of the basket and put them in their pocket, tell the doctor well they got them, they gine use them, when they get outside, throw them in the waste basket and go along their business."*

Homosexuality

The participants were asked "Could a person be a homo sexual before being in prison"? They agreed that a person cannot be force into homosexual activity in prison and they believe that it is not that rampant in jail. They however believe that persons would do it only if they want to.

- *"Prison really don't change nobody…the majority of homosexuals in prison was doing this outside, but when they come in here and they meet the bad boys, them put up a front, and when you go round the corner, they call you, come we go and have some fun, just like outside …"*
- "Another inmate said *" It ain't that rampant in jail, it got to be men that want to do that."*

SEX AND DRUG USE

The participants were asked "In terms of sexual behaviours and drugs, you think that if a person is HIV positive and they don't know or they know and they under the influence, let say alcohol, how easy or difficult you think for this person to use a condom"?

Most participants believed that it is difficult to use condoms when drunk however they also believe as matter of principal that condoms should be used when having sex since it could impact on lives.

One participant said *"difficult, because they intoxicated and they won't have the right aspect of putting on the condom, if you intoxicated you mind don't really there so, it will be a whole lot of like….hard for persons to put it on"*.

Another inmate however said *"then again you got to stick to your principal and realise that its human lives you dealing with, whether you intoxicated or not."*

One inmate noted that he related to women differently since he contracted HIV. *"No right now I got HIV and as a result of that I don't deal with certain things, I don't get involve in girls that way.* However if he did not know that he had contracted HIV he felt that not having unprotected sex would be beneficial to him as well as the woman. *" ... because she might be sick and I might not know and it will brek me down. I don't just look at it from she point of view getting me sick, I does lokk at it as she breaking me down more so than ever, because she might not got HIV, but she might got syphillis or some other sublime disease or something that will brek me down more easily."*

HIV/AIDS Awareness

When these respondents were asked who they thought in our society is most likely to contract HIV/AIDS, most of them agreed that everybody is at risk. One response was: *"the way the world is right now, and people really living and thing, most people outside like them at risk, because you at risk not because you doing nothing wrong, but your partner may be dealing with something that you don't know about."*

HIV/AIDS AND DRUG MESSAGES

The participants were asked if they thought that the programmes on HIV /AIDS and drugs and those on TV are effective? The responses were:

- *"I can't answer that I don't go to none"*
- *"I don't think that them they strong enough……them a little bit to social, they need to be more down to earth, they only fitted for a certain sector."*
- *"Them programmes ain't fitting for the man that down there, them fitted for the man that up there"*

This group felt that the reasons as to the ineffectiveness of HIV/AIDS drugs programmes are that persons are not serious and the ineffectiveness of government.

One inmate believes *"is simply because the people , the young people and the old people in Barbados don't tek this AIDS thing as a serious thing."*

One inmate blames the Government he argues *" alright Mickey Walrond, the other day propose to get condoms issue in prison . You get the priest, you get everybody crying down, that means them ain't care if the ones in here bull-down jail and come outside and give ito the people outside as long as them don't catch it."*

Another said that you could not blame the government he suggest that *" it all to do with the young people again to , that ain't taking this thing real serious."*
"I believe that every living person today in life should got access to condoms, whether it be in prison or the society."

One inmate suggested that the conflicting of messages from within treatment centres need to be examined in order for meaningful impact to be achieved. He added that he lost interest in the organisation and will not become involved since it sent the wrong messages for parents and children attending the programme. He said*" I got HIV, there*

got a group name CARE, I say man, I gine look up this here and see what these people really saying, what them about, when I gone there, I see men under they one another so and thing, and a man that getting up talking now, hear what he saying , cause for this is for the benefit of new comers, he is telling me 'that what you see here is people business, I don't want to hear that, if we about fighting something, I don't want to come and see people promoting it, if you understand what I telling you."

He added *" And people bringing their children there and thing, I never went back around there since ,I can't deal with dat dey, cause I gone there telling myself well if this thing there good now, I gine help create history with this thing…dem bout dey with a lot of ignorance."*

Recommendations

1. Inmates spoke to the need for programmes which can appeal to the lower income group. They also suggested that such programmes need to be more personal and more word of mouth.

2. One inmate spoke to the need for HIV/AIDS prevention programmes in the public and in schools which involve seminars where persons can speak about how they contacted HIV. He suggested that such programmes *"...will be more personal but they don't got them kinda progarmmes in Barbados."This inmate also added " You can relate to a man if a man come and say I got AIDS, this is how I get it and this is how I feel, you could stop, avoid yourself from getting it. Its better than you getting a leaflet."*

3. Another inmate said *"I went to Sherbourne Centre to do a substance Habit course right, and the only body that off the streets that was there was me. Other people bout there, in collar and tie and fancy thing. Well you know me, I get up and tell the man, hear what happened, see what you'll doing here now, check it out and see who in here, look, the only body off the street is me."*

4. *"You need more word of mouth."*

5. *"The message will get over better that way. You need first hand information."*

Key Informants

How would you define risky sexual behaviour?

- *Anything that puts your health at risk*. (Dr. Babb).

How would you define risky sexual behaviour?

- *Behaviours as to when there is no protection when individuals engage in sex with more than one partner and even two partners you would define as risky. I think people tend to think multiple in terms of six partners but really and truly the moment you have more than one partner defines serious situation as risky as well as person who engage in sexual relationships with more than one partner whether that partner be male or female, so that in a broad sense is what I would define as risky sexual behaviour*. (Harriete Clarke).
- *Any kind of sex that is someone who do not know their status ,sexual habits, standards and morals with which they operate. Any kind of sex where there is no safe barriers used for example condoms. No precautionary measures taken*. (Sade Leon –Slinger)
- *Any behaviour which is not done with the use of a condom or form of protection whether it be a male condom or a female condom*. (Oneata Forde)
- *A person knowing the facts about STD's and other contractual diseases but yet because of a pleasurable feeling or need to meet they ignore all the facts given about sexual behaviour and the risks just to meet the pleasure*.(Stephen Gilkes)

What examples can you give of risky sexual behaviour?

- *Anal sex without a condom, traumatic sexual intercourse, oral sex, having sex without a condom, having sex with someone that is HIV effected or someone who is known to have AIDS, having sex under the influence of drugs or alcohol, not aware of what you are doing and repeatedly doing these things , sex with a number of different partners, sex with sex workers rather than with someone you know*. (Dr. Babb)

- *Having any kind of anal sex, having sex with someone you don't know, one night stand, having multiple sexual partners example one that lasts six months. The more partners you have the greater the risk*.(Sade Leon –Slinger)

Would you say there is a relation between drug use and Risky sexual behaviour?

- *I would say they would be Yes. Where somebody is under the influence of any kind of drug they are not in full possession of their faculties, they may not know what they are doing, their inhibitions are less or fewer, so their sexual behaviour may not be as it would be if they were not under the influence of whatever drug it is so we find there are some persons that present to us who as a result of using drugs have found themselves we think HIV infection or other STD*.(Dr. Babb)
- *Based on what I see here in terms of persons who are infected I would have to say yes there is a relationship between risky sexual behaviour and drug use. The persons who I see as drug users are predominantly men when you go back into sexual history more than likely they would have had multiple sexual partners they would be people who are not keen on using condoms or would have been very, very inconsistent in their condom use and in some instances would be persons who had both male and female partners . There does appear to be a relationship between drug abuse and risky sexual behaviour*.(Harriette Clarke)
- *Yes. You even have the connection even before the drug is taken.....Where persons seeking love outside of the family is turned on to other things before he moves out he feels a deficit, he needs to have that love in other things and he tries marijuana and marijuana is good doesn't stop him from trying things. What happens is that the person experiments in a number of avenues until he finds one that is particularly his. Then you may find a conjunction of one ,two ,three or four drugs like a person who is on alcohol and drugs and they are duly addicted and the same with sex. It is almost they associate the use of drugs . If they had an encounter to make this experience of the drug more pleasurable they got to have sex.* (Stephen Gilkes)

- *When addicts use crack, crack is such an upper it takes you to an extreme high sometimes. You hear individuals talk about the need for balance. It is what they talking about because alcohol is a downer it sedates. When addicts have no more money they still have the need inside because crack wants to make you chase to get back to that high, so if you don't have any more money to spend on crack you look to get that high in other avenues whether it be sex , and that is why the link, homosexuality. The drug is so powerful that it almost remove your boundaries from your preferable sexual orientation and move to another and if you practise and practise that it becomes a habit where you now change ove*r.(Stephen Gilkes).
- *To some extent yes because of research have shown and from interviews with persons who are doing drugs that when they use drugs they tend not to be very much in control of activities which follow after having taking the drug*. (Oneata Forde)
- *Yes. In alcohol and crack cocaine and cocaine no direct infection but places you at risk indirectly. You make bad choices take chances you would not normally take. Intravenous drug use a direct risk. No statistics that indicate intravenous drug use . that is not to say that it don't happen.* (Oneata Forde)

What drugs are commonly seen?

- *Cocaine rocks, marijuana and alcohol. (Dr.Babb).*
- *Crack, alcohol and marijuana. (Stephen Gilkes).*
- *We have seen predominantly marijuana but also crack cocaine and alcohol as well.*(Harriette Clarke).
- *The main drugs being used are the illegal drugs of marijuana and cocaine and the legal drugs, alcohol and alcoholic beverages*. (Oneata Forde).
- *I get the feeling that marijuana. Most guys see marijuana s spiritual herb don't see impact of marijuana o n brain. Alcohol first, then marijuana. Alcohol is a social symbol*.(Sade-Leon Slinger)

Which age group would you say would be most vulnerable to risky sexual behaviour?

- *Based on statistics that inform our knowledge and projections then I think it would be the age group 15-24 because that is the age group where the heaviest incidence of HIV it seems. We would have to say that based on statistical knowledge it would have to be teenage, to middle teens, to young adults*.

Is there any reason why this particular age group?

- *Well I think that is the age group where people are more willing to engage in any type of risk whether it has to do with sex or it has to do with experimenting….I said middle to late teens, they are curious, adventurous and more perhaps willing to learn things for themselves but also at the same time they are under heavy influence by their peers wanted to identify with a group that group influence you have more sway the group would have more influence at that particular age… those are some of the reasons why we tend to have high incidences along that particular age group*.(Harriet Clarke).

What are the implications for drug use and risky sexual behaviour for Barbados?

- *There are implications at different levels. Firstly when persons are using drugs their behaviour is different, so there is an association with use active drug use and dependency and risky sexual behaviour .*

  Secondly in terms of preventing HIV that will affect our prevention programmes because if persons are in their normal faculties listening to prevention programmes they would adhere to it, or would pay heed to it. Normally when they are under the influence of whatever substance they may not or are not likely to. This may effect our prevention efforts, or new cases are likely to rise as a result.

Thirdly In terms of persons who are HIV effected and using drugs before and have stopped or continued we don't know for sure how these drugs effect medication we give them for HIV. There is very little known about interaction between things like cocaine, marijuana and the anti-retroviral drug, we don't know. The few studies that have been done that looked at interactions with herbs they don't show positive interactions they show negative so they are implications for our whole HIV treatment programme nationally on the whole because if you are using these drugs with anti-retro viral treatment You don't know how it will interact. The likelihood it will have a negative interaction and potential to the drugs developing the distance(and that means when I say negative, negative meaning it will effect how the drug work in a negative way and can lead to drug resistance which then has implications for your whole programme, because you have a resistant strain of virus you can't treat.(Dr. Babb).

- *Aside from all that the use of drugs, active drug use affects patients adherence to medication we know this it is a known fact, so if you are on medication you are on anti-retro viral therapy and you are actively using drugs aside from how the drug with interacts with your medication the likelihood you would miss doses of your medication. You are out partying on your high and you don't take the medication miss three days at a time that effects adherence, that is how your medication would work that effects the HIV virus in your body and again anything that leads to resistance does have an impact on the national programme*. (Dr. Babb)

What are the implications for drug use and risky sexual behaviour for the country?

- *Most definitely serious implications as well . When you look for one person who is abusing substances particularly if they are at a stage where they require*

medication and adherence to medication is severely disrupted inconsistent. Frequently they will not take medication or refuse to take their medication. Obviously if someone is not taking their medication now it produces what is known as viral resistance and when you start getting viral resistance in a population as small as ours you . It is going to have a seriously impact because you are going to have people that are not going to be able to mange , so that's one thing.

And then in terms of a person who is frequently under the influence of drugs in terms of their determined to use condoms or as you are saying implications of prostitution that person is not going to be able to make those decisions or well thought out choices in terms of whether or not to naturally engage in sex or determine whether or not the sex they engage in is risky so they would not be able to make well informed decisions around protection of themselves or protection of their partner.

I think with HIV we talk about asking people to change their behaviour. With people who are using drugs we are also asking to change behaviour and changing behaviour is not something that happens overnight it is something that requires a lot of support emotional support. To assist peolple through that process with any behaviour change we have to expect some kind of relapse. I don't know how supportive our programmes are or our communities of care givers .So I think that persons who relapse that.

Whole aspect for persons your not just dealing with HIV your dealing with drug abuse as well and you normally have to have a supportive community of care providers or health care providers and significant others who can support the individual through relapse not only drugs but for risky sexual behaviour. (Harriette Clarke)

- *The impact is very astronomical, the impact from an economic perspective in that when persons do drugs , contract the HIV virus, yes they can live with it but the cost of living is very expensive. One person who have contracted the HIV virus to live fairly comfortably by the use of vitamins that would keep their immune system up is expensive , then if they go from HIV to AIDS and they have to be taking the highly Anti retro viral therapy for one individual it costs as much as $1500.00 per month to maintain one person on medication, that has nothing to do with regular diet that they suppose to take . the diet will impact on the financial side , then if they families have to maintain them because they cannot get employment because there is still a stigma attached who are HIV/AIDS they families have to maintain them economically so that is a drain on already limited resources both for the immediate family and the government.*(Oneata Forde).

Opinions on condom use

- Dr. Babb suggested that condom use reflects choice as to whether or not to use a condom. She notes *" ...the same thing is happening with condom use it is a choice on a menu, you go in the restaurant and you can choose if you want the macaroni pie or you want the salad and you know you should choose the salad, you still choose the macaroni pie.....the same with use .....the condom and you have the condom there and there is the choice on the menu and you choose not to, choose the macaroni pie over ,over , over and over again.*"(Dr. Babb).

- *There are other reasons for not using condoms ...as in a person can't negotiate using a condom or not the other person says no we ain't using no condoms. Instance where one partner would like to and the other one doesn't.*

- *Sexual negotiating skills whatever and then there maybe physical reasons, some people actually had real irritation using condom because it's not just I don't like it , but there is a actual problem then two to three days after with one another*

person so there are reasons, but the version I gave before is what I know in the majority of persons. (Dr. Babb).

- *People say they discuss condom use with their partner. When there are in the heat of the moment they don't use its not that people don't have access to condoms they get condoms free they take the condoms home but for some reason when it comes to the act they actually don't use them. I would hear its like having sex in a bag a whole lot of things*.(Harriette Clarke)

How does drug use impact on condom use?

- *….because the condom would not mean much in the heat of the moment, because the pleasure is much greater than the need for safety, safety does not come in you are risky, you will risk it and that is what takes over. So addicts will have sex and think nothing about condom because the pleasure is that great. The need for that love is so great that knowledge to their awareness does not mean anything the pleasure is greater*. (Stephen Gilkes).
- *…Looking at this we have to look at whether or not we have a community an environment that supports using condoms or supports women in asking men to wear condoms. ……I there is a subculture that speaks to men riding bare back ,slamming without any kind of condom and I think that is something to be explored as well. Our environment does not support in terms of condom use*. (Harriete Clarke).
- *From interaction persons who say that they don't use or who admit that they don't use condoms, the main reason being advance is that they like it , some people complain of sensitivity of their skin, lack of stimulation, those are the main reasons being advance not anything to do with cost*. (Oneata Forde).

Do you think drug use would impact on condom use?

- *Yes. When people use drugs they lose control of their thinking, there are not as alert and do behaviour irrationally. They get involve in a lot of irrational sexual activities and they don't have anytime to think about putting on a condom. What I should say control is reduced.* (Oneata Forde)

What needs to be done to encourage behaviour?

- *I think in respect to HIV and I think there is more we can do in respect to behaviour change. I think it has to be more on relationship, (relational) level….. so that we should not do programmes……somebody has this information who understands it who do it themselves who can then relate to these other people they know to get them to do it and you need little pockets of that all over, that is the only way*. (Dr. Babb)
- *I think the education is there ,I think where the fall down has been getting people to change behaviour because information alone does not change behaviour so you can go into a school and show implications of crack cocaine and people will still use it ,so yes education , I think education and the awareness is there . It is helping the individual to personalise how the implications to them and trying to get them to commit. It is basically a way of life that is not going to put them at risk for HIV or put them at risk for substance abuse. I don't think we are wanting in terms of our programmes are lacking in terms of creating the awareness and educating the public it is how do we get people to use that information to practice a way of life adopt a life style that will not put them at risk for HIV.I think that is where we are faltering*. (Harriette Clarke)
- *…focusing on the implications of drug use and risky sexual behaviour…but we can focus on the more at risk population, populations specifically at risk for drug use and look at how may be with these directors of these programmes and drug workers of these programmes and see what we can do in terms of prevention and all our follow up care and treatment.*(Harriete Clarke)

- *It's my belief that people want to know how to change but don't know how to because of habit and or tradition. It is also part of where certain things I expect of you as a man and certain things I expect of you as a woman. Sometimes the culture does not allow for us to address the particular social circumstance within its context.* (Sade-Leon –Slinger).
- *I think it can be handle within the area of substance abuse .....we recognise that people seek for love through many different avenues and that is very clear in their behaviour and their movements towards filling the need and I don't think we can manage the need we need to get to the root and deal with it and when you pull it up all these manifestations call behaviour will go with it….We have to get through different barriers of mistrust and shame before we can implant tools and systems before they can become motivated themselves to be able to start moving toward change*.(Stephen Gilkes)

Are there any programmes which looks at drug use and risky sexual behaviour?

- *I think it can be handle within the area of substance abuse .....we recognise that people seek for love through many different avenues and that is very clear in their behaviour and their movements towards filling the need and I don't think we can manage the need we need to get to the root and deal with it and when you pull it up all these manifestations call behaviour will go with it….We have to get through different barriers of mistrust and shame before we can implant tools and systems before they can become motivated themselves to be able to start moving toward change.*

  .....Sometimes we as professionals believe that we know it all when we know it from books, but do not seek to address the social circumstances which would place a particular person at risk so we need to look at that and listen to them and have them tell us how we can help them and its on that how I operate.. (Sade Leon –Slinger)

- *I believe that it is time we have a national programme which includes drugs and HIV because that is the only way we can fight this thing, because we need to focus on behavioural change. I think people have the information they know but how do we change , how do I stop drinking alcohol because that is the thing that makes me feel good. We just can't tell the people don't do we have to discuss with them and help to negotiate….. what is making them behave that way*.(Sade Leon – Slinger*)*

The Need for Research

- *I think we need to do greater research on relationships and behaviour and why some behaviours come out in relation to the type of behaviours and relationships on our part that brings us to this point where we are right now and why we do what we do and I believe when we do that we will begin to see what people do what they do.* (Stephen Gilkes)

Do you think the public is adequately educated on drug use and risky sexual behaviour?

- *The public can never be fully educated cause you always have constant new set of people coming into society that are going to become sexually active so the educational programme must be ongoing. Sometimes we tend to lapse in our periods where we educate people and really and truly I don't think that enough education is being done to look at behaviour associated with risky sexual behaviour and modification of the type of behaviour and the patterns of sex acts that we see being practised in Barbados*.(Oneata Forde)

  I believe that a number of small group activities small group counselling sessions would prove to be more advantageous than billboard signs which people look at and glance at and glance away and one on one counselling which will be

expensive but it is much easier to do small group sessions and one and sessions and in the wider community.(Oneata Forde)

- *I think we need to target persons …through some sustained programmes focusing on the implications of drug use and risky sexual behaviour…but we can focus on the more at risk population, populations specifically at risk for drug use and look at how may be with these directors of these progrmmes and drug workers of these programmes and see what we can do in terms of prevention and all our follow up care and treatment*.(Harriette Clarke)
- *There are a set of people who from the time you hear AIDS there are totally shut off. I think we have a lot of myths about it. I think we know very little about it and even the educators have a bias and communicate that bias . Bias meaning is that they don't want to be too close to HIV people and they themselves communicate that. Until we can deal with that and recognise that people are people* . (Stephen Gilkes)

APPENDIX III

The Relationship Between Drug Use and Risky Sexual Behaviour

Focus Group Questions

Drug Use

1. What is a legal drug?
2. What is an illegal drug?
3. Have you ever used legal drugs.(Alcohol, painkillers. etc)
4. Which legal drug have you used the most
5. Have you ever used illegal drugs?
6. Which illegal drugs have you used the most?
7. How do legal drugs (alcohol, painkillers) make you feel?
8. How does using illegal drugs (marijuana , cocaine) make you feel
9. Why do people use drugs? Discuss what influences use of drugs.

Sexual Behaviour

10. Have you ever had unprotected sex?
11. Do you think your partners are faithful? Do you have unprotected sex with them?
12. What do you thing about anal sex?
13. Have you ever experienced anal sex?
14. Have you ever had sex with more than one man at the same time(group)?
15. Have you ever had sex with more than one woman at the same time
16. Have you ever had group sex? Did you use a condom?
17. Was it was it with men or women?
18. Have you ever had sex with more than one person?
19. Do you use condoms when having sex?
20. Do you use condoms all the time when having sex? If not why

21. How easy is it to put on a condom under the influence of drugs, e.g. alcohol, marijuana, etc.?

Contraceptive Use

22. What is the primary purpose for using contraceptives?

Sex and Drug Use

23. What other kinds of sexual behavior do teenagers / young people engage in?
24. Do you think that that there is a link between use of drugs and sexual behavior? Let's discuss this.
25. Do young people engage in prostitution / and sex in exchange for drugs? How common is this?

HIV/ AIDS Awareness

26. Who do you d you think is more at risk at contracting HIV/AIDS and why?
27. Do you know what HIV/AIDS is? Tell me, how do you think HIV/AIDS is contracted?
28. Is there a link between drug use and HIV/AIDS? Let's talk about this.
29. How can you tell if someone has HIV/AIDS?
30. What age group do you think are more at risk of contracting HIV/AIDS?
31. How is HIV/AIDS contracted?
32. In your opinion what do you think can and should be done to reduce HIV/AIDS and drug use among youths?
33. Are there things that are needed by youths to ensure that the measures developed will really work?

The Relationship Between Drug Use and Risky Sexual Behaviour

Key Informant Questions

1. How wouild you define risky sexual behaviour?

2. Is there a realationship between drug use and risky sexual behaviour?

3. To what extent are there cases of HIV positive persons who are drug addicts ?

4. To what extent are drug addicts involved in the following sexual practices?

   Unprotected sex

   Multiple partners

   Anal sex

   Prostitution

5. To what extent are persons not using condoms?

6. Is there any particular reason persons not using condoms?

7. Do you think that drug use would impact on using condoms?

8. What are the implications for drug use and risky sexual behaviour for the country?

9. Is the public adequately educated on drug use and HIV?

10. Are current anti-drug / HIV programmes effective?

11. What needs to be done to encourage behaviuoral change from drug use and risky sexual behaviour?

Relationship between Drug Use and Risky Behaviour

Questionnaire

Hello. My name is (name of interviewer). I am an interviewer representing the National Council on Substance Abuse (NCSA). We are conducting a study on the relationship between drug use and risky behaviour. The information obtained will assist in the implementation of programmes that will enable young people to become aware of the dangers of drug use and the increasing risk of STDs (Sexually Transmitted Diseases) through drug use.

Date _____ Participant I.D._____

Group Number _____

Start time: _____ End time: _____

All information given will be confidential and will only be used for statistical purposes. Your information will be held in the strictest of confidence.

Personal History

A1. **Age:** _____ years old

A2. **Sex:**

Male ( )1
Female ( )2

A3. **Race**:

African descent ( )1
European descent ( )2

Asian descent ( )3
Indian descent ( )4
Other (please specify) _____

A4. **Religion:**

Anglican ( )1
Catholic ( )2
Methodist ( )3
Moravian ( )4
Pentecostal ( )5
Wesleyan ( )6
Seventh Day Adventist ( )7
Jehovah Witness ( )8
Hindu ( )9
Muslim ( )10
Rastafarian ( )11
Other (please specify) _____

A5. **Highest Educational level attained**

Primary ( )1
Secondary ( )2
Tertiary ( )3
Other (please specify) _____

A6. **Occupation:**

Professional (Lawyer, doctor, banker, teacher, etc) ( )1
Clerical (Secretary, receptionist, messenger, etc) ( )2
Skilled laborer (Carpenter, electrician, mechanic, etc) ( )3
Unskilled laborer (Janitor, grounds keeper, store clerk) ( )4
Self employed ( )5
Not employed ( )6

Sexual Activity

B1. Have you ever had sex?

Yes ( )1 **GO TO B2**
No ( )2 **GO TO C1**
No response ( )3 **GO TO C1**

B2. **[IF YES TO B1, ASK:]** At what age did you first have sex? _____ years old

B3. In the past month (30 days) have you been sexually active? (If at GIS or Glendairy, 30 days prior to incarceration)

Yes ( )1
No ( )2
No Response ( )3

B4. Are your sexual activities confined to one partner only?

Yes ( )1
No ( )2
No Response ( )3

B5. Approximately, how many sexual partners have you had within the following time periods?

i) With men in past year _____
ii) With men in the past 5 years _____
iii) With women in the past year _____
iv) With women in the past 5 years _____

B6. Do you use a condom during sex?

Never ( )1
Sometimes ( )2
Always ( )3

SELECT THE APPROPRIATE ANSWER	**YES**	**NO**	**No Response**
B7. Have you ever had sex while drunk or "high"?			
B8. Have you ever refused sex because there was no condom available?			
B9. Been refused sex because there was no condom available?			
B10. **(FOR MALES ONLY)** Were you ever asked by your partner to wear a condom?			
B11. **(FOR FEMALES ONLY)** Have you ever insisted that your male partner use a condom?			
B12. Have you ever had sex without using a condom because your partner did not use one?			

B13. Whose responsibility do you think it is to provide the condoms in a sexual relationship?

Man ( )1
Woman ( )2
Either partner/both ( )3
No one ( )4

No response ( )5

Drug Use

LEGAL DRUGS

C1. In your opinion, what is a **legal** drug?

_____

_____

C2. Have you ever used **legal** drugs?

Yes ( )1
No ( )2
No Response ( )3

C3. At what age did you first use **legal** drugs? _____years old

C4. And at that age, which **legal** drugs did you use? (**SELECT ALL THAT APPLY**)

Alcohol - over 6% (e.g. rum, vodka, wine etc.) ( )1
Alcohol - under 6% (e.g. shandy, beer etc.) ( )2
Pain killers (Aspirin, Tylenol, Ibiprophain etc.) ( )3
Prescribed drugs (Sleeping pills, antidepressants, etc) ( )4
Inhalants (Glue, paints etc.) ( )5

C5. How often do you now use **legal** drugs?

Daily ( )1
Weekly ( )2
Monthly ( )3
Occasionally ( )4
Never ( )5
DK/No response ( )6

C6. Which **legal drugs** do you use most frequently? (**SELECT ALL THAT APPLY**)

Alcohol - over 6% (e.g. rum, vodka, wine etc.) ( )1
Alcohol - under 6% (e.g. shandy, beer etc.) ( )2
Pain killers (Aspirin, Tylenol, Ibiprophain etc.) ( )3
Prescribed drugs (Sleeping pills, antidepressants, etc) ( )4
Inhalants (Glue, paints etc.) ( )5

C7. How do you take **legal** drugs? (**SELECT ALL THAT APPLY**)

Through the use of needles ( )1
Snorting (through nose) ( )2
Smoking ( )3
Drinking ( )4
Other (please specify) _____

ILLEGAL DRUGS

D1. In your opinion, what is an **illegal** drug?

_____

_____

D2. At what age did you first use **illegal** drugs? _____years old

D3. And at that age, which **illegal** drugs did you use? (**SELECT ALL THAT APPLY**)

Marijuana ( )1
Cocaine – Powder ( )2
Cocaine – Crack ( )3
Heroine ( )4
Ecstasy ( )5

D4. How often did you use **illegal** drugs?

Daily ( )1
Weekly ( )2
Monthly ( )3
Occasionally ( )4
Never ( )5
DK/No response ( )6

D5. Which **illegal** drugs did you use most frequently? (**SELECT ALL THAT APPLY**)

Marijuana ( )1
Cocaine – Powder ( )2
Cocaine – Crack ( )3
Heroine ( )4
Ecstasy ( )5

D6. How do you take **illegal** drugs? (**SELECT ALL THAT APPLY**)

Through the use of needles ( )1
Snorting (through nose) ( )2
Smoking ( )3
Drinking ( )4
Other (please specify) _____

Drug Use and Sexual Behaviour

E1. Have you ever used drugs with sex?

Yes ( )1
No ( )2
No Response ( )3

E2. In regards to question '**E1**', if "yes" which drugs? (**SELECT ALL THAT APPLY**)

Legal

Alcohol - over 6% (e.g. rum, vodka, wine etc.) ( )1
Alcohol - under 6% (e.g. shandy, beer etc.) ( )2
Pain killers (Aspirin, Tylenol, Ibiprophain etc.) ( )3
Prescribed drugs (Sleeping pills, antidepressants, etc) ( )4
Inhalants (Glue, paints etc.) ( )5

Illegal

Marijuana ( )6
Cocaine – Powder ( )7
Cocaine – Crack ( )8
Heroine ( )9
Ecstasy ( )10

E3. Have you ever offered sex for drugs?

Yes ( )1
No ( )2
No Response ( )3

E4. In regards to question '**E3**' which drugs? (**SELECT ALL THAT APPLY**)

Legal

Alcohol - over 6% (e.g. rum, vodka, wine etc.) ( )1
Alcohol - under 6% (e.g. shandy, beer etc.) ( )2
Pain killers (Aspirin, Tylenol, Ibiprophain etc.) ( )3
Prescribed drugs (Sleeping pills, antidepressants, etc) ( )4
Inhalants (Glue, paints etc.) ( )5

Illegal

Marijuana ( )6
Cocaine – Powder ( )7
Cocaine – Crack ( )8
Heroine ( )9
Ecstasy ( )10

E5. How often do you have unprotected sex?

Never ( )1
Occasionally ( )2
Most of the time ( )3
All the time ( )4

E6. On average, how many partners do you have sex with at any one time?

_____

E7. Typically, what are their ages? (**SELECT ALL THAT APPLY**)

a) Under 10 years _____
b) 10-12 years _____
c) 13-15 years _____
d) 16-19 years _____
e) 20-29 years _____
f) 30-39 years _____
g) 40-49 years _____
h) 50-59 years _____
i) 60 and over _____

E8. Do any of your partners use **legal** drugs?

Yes ( )1
No ( )2
No Response ( )3

E9. Which **legal** drug(s) do your partners use? (**SELECT ALL THAT APPLY**)

Alcohol - over 6% (e.g. rum, vodka, wine etc.) ( )1
Alcohol - under 6% (e.g. shandy, beer etc.) ( )2
Pain killers (Aspirin, Tylenol, Ibiprophain etc.) ( )3
Prescribed drugs (Sleeping pills, antidepressants, etc) ( )4
Inhalants (Glue, paints etc.) ( )5

E10. How often do your partners use **legal** drugs?

Daily ( )1
Weekly ( )2
Monthly ( )3
Occasionally ( )4
Never ( )5
DK/No response ( )6

E11. Do any of your partners use **illegal** drugs?

Yes ( )1
No ( )2
No Response ( )3

E12. Which **illegal** drugs do your partners use? (**SELECT ALL THAT APPLY**)

Marijuana ( )1
Cocaine – Powder ( )2
Cocaine – Crack ( )3
Heroine ( )4
Ecstasy ( )5

E13. How often do your partners use illegal drugs?

Daily ( )1
Weekly ( )2
Monthly ( )3
Occasionally ( )4
Never ( )5
DK/No response ( )6

E14. Have you ever contracted a STD (Sexual Transmitted Disease) from any of your partner[s]?

Yes ( )1 **GO TO E15**
No ( )2 **GO TO E16**
No response ( )3 **GO TO E16**

E15. **[IF ANSWER TO E14 IS YES, ASK]:**

a) What was the name of the STD? _____
b) At what age did you contract the STD? _____years old

E16. Do you like using a condom?

Yes ( )1
No ( )2
Sometimes ( )3
No response ( )4

E17. Now I am going to read to you a list of reasons for using a condom, I want you tell me how important each of these reasons are to you.

SELECT THE APPROPRIATE ANSWER **HOW IMPORTANT IS USING A CONDOM:**	Very Important	Important	Not Important
A. To avoid pregnancy			
B. To avoid STDs			
C. To avoid HIV			
D. To enjoy sex			

E18. How easy is it to put on a condom after drug use?

Not Easy ( )1
Easy ( )2
Don't know ( )3

THANK YOU FOR YOUR TIME AND PATICIPATION

APPENDIX IV

GLOSSARY

Drug Related Problem (WHO, 1994)

Any of the range of adverse accompaniments of drug use, particularly illicit drug use. "Related" does not necessarily imply causality. The term can be used to refer to problems at an individual or societal level. In international drug control, drug-related problems are taken into account in setting a level of control for a controlled substance through a WHO assessment of the drug's dependence potential and abuse liability. "Drugs problems" is a possible cognate term, but can be confused with "the drug problem", meaning illicit drugs as a policy issue.

Focus group

A discussion-based, qualitative research data gathering method designed to explore a topic of interest and generate a range of opinions. A small number of members of a particular group meet together and their discussion is facilitated by a researcher known as a "moderator".

Illicit/Licit Drug (WHO, 1994)

Illicit drug: a psychoactive substance, the production, sale, possession or use of which is prohibited. Strictly speaking, it is not the drug that is illicit, but its production, sale, or use in particular circumstances in a given jurisdiction. "Illicit drug market", a more exact term, refers to the production, distribution, and sale of any drug outside legally sanctioned channels.

Licit drug: a drug that is legally available by medical prescription in the jurisdiction in question, or, sometimes, a drug legally available without medical prescription

Juvenile

Juvenile- Young people (between the ages of (to 16) who have been dealt with in the youth court; or they have appeared in the adult Magistrate's court or High court.

Juvenile offender- A "young person" who is 14 years of age and under the age of 16 years charged for an offence or to whom proceedings relate.

Psychoactive Substance

According to the WHO lexicon of Alcohol and Drug Terms, "psychoactive substance" is defined as follows; a substance that, when ingested, alters mental processes, that is, thinking or emotion. That term and its equivalent, psychotropic drug, are the most neutral and descriptive terms for the whole class of substances, licit and illicit, of interest to drug policy. "psychoactive" does not necessarily imply dependence-producing.

Psychotropic (WHO, 1994)

In the most general sense, the term means affecting the mind or mental process. Strictly speaking, a psychotropic drug is any chemical agent whose primary or significant effects are on the central nervous system. In the context of international drug control, "psychotropic substances" refers to substances controlled by the 1971 Convention on Psychotropic Substances.

Targeted programme

A programme designed to reach particular high-risk groups in society, such as unemployed youth, street children and prisoners.

Treatment

According to WHO (WHO Expert Committee on Drug Dependence Thirtieth Report, Technical Report Series) the term "treatment" refers to the "process that begins when psychoactive substance users come into contact with a health provider or any other community service and may continue through a succession of specific interventions until the highest attainable level of health and well being is reached". More specifically , treatment may be defined "…as a comprehensive approach to the identification, assistance…(and)…health care…with regard to persons presenting problems caused by the use of any psychoactive substance".

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