

# Smoking, alcohol drinking and cannabis use in adolescents in Seychelles (Indian Ocean), a country in rapid transition

David Faeh<sup>1</sup>, Pascal Bovet<sup>1,2</sup>, Bharathi Viswanathan<sup>2</sup>, Arnaud Chiolero<sup>1</sup>, Wick Warren<sup>3</sup>

<sup>1</sup>University Institute of Social and Preventive Medicine, Lausanne, Switzerland, <sup>2</sup>Ministry of Health, Victoria, Seychelles, <sup>3</sup>Centers of Disease Control, Atlanta, USA

## Objective

Risk behaviors such as smoking, drinking and cannabis use are common among adolescents. The description of these behaviors in terms of age of onset and clustering has however been carried out mainly in western countries and data from developing countries are sparse.

This study aims at examining the prevalence of cigarette smoking, alcohol drinking and cannabis use in secondary school students in the Seychelles islands, a rapidly developing country in the Indian Ocean.

## Methods

Survey in a representative sample of all secondary school students in the Seychelles using an anonymous self-administered questionnaire (Global Youth Tobacco Survey). 1'321 (92%) of 1'442 eligible students aged 11 to 16 years completed the questionnaire.

Smoking cigarettes on  $\geq 1$  day in the past 30 days; drinking any alcohol beverage on  $\geq 1$  day in the past 30 days and having used cannabis at least once in the past 12 months were considered.

## Results

Age	11-13 years		14 years		15-16 years		Total		
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Boys	n	257	160	203	620				
	Ever smoking	46	38-54	53	45-61	67	60-73	54	50-59
	smoking on past month	27	20-35	24	18-31	38	30-45	30	26-34
	Drinking on past month	45	38-59	40	35-46	63	56-69	49	45-54
	Ever drunkenness	40	33-47	44	35-53	58	50-66	47	42-61
	Ever cannabis	15	10-22	15	11-21	29	23-37	20	17-22
	Cannabis on past year	15	10-19	12	8-18	26	20-33	17	15-20
Girls	n	274	193	187	654				
	Ever smoking	30	24-36	44	36-52	56	50-62	41	38-45
	Smoking on past month	15	10-22	23	18-29	28	22-35	21	18-25
	Drinking on past month	41	34-48	47	39-55	58	49-65	48	43-52
	Ever drunkenness	35	29-42	44	37-51	52	45-60	43	39-47
	Ever cannabis	6	4-9	6	3-12	16	12-21	9	7-11
	Cannabis on past year	6	4-10	5	2-11	12	9-18	8	6-10

Table 1. Prevalence (percent with their 95% confidence intervals) of students reporting risk behaviors, by sex and age

Age	S	D	C	n	11-13 years		14 years		15-16 years	
					%	95% CI	%	95% CI	%	95% CI
Boys	N	N	N	226	41	34-49	44	36-52	24	18-30
	Y	N	N	31	5	3-9	5	2-10	5	3-10
	N	Y	N	135	20	15-27	18	13-24	27	20-35
	N	N	Y	14	2	1-4	4	2-9	2	1-6
	Y	Y	N	58	9	6-13	10	7-15	9	6-14
	N	Y	Y	12	2	1-4	1	0-5	3	1-7
	Y	N	Y	11	1	0-3	1	0-5	4	2-7
Girls	Y	Y	Y	54	7	4-11	5	2-11	14	10-20
	N	N	N	286	50	43-57	43	36-50	35	27-43
	Y	N	N	20	3	1-7	3	1-7	4	2-8
	N	Y	N	180	25	20-32	28	21-35	31	25-38
	N	N	Y	19	4	2-8	4	2-7	1	0-4
	Y	Y	N	72	7	4-13	14	10-20	13	9-18
	N	Y	Y	5	1	0-3	1	0-4	1	0-4
	Y	N	Y	4	<1	0-3	1	0-4	1	0-4
	Y	Y	Y	28	3	1-6	3	1-8	8	5-13

Table 2. Prevalence (percent with their 95% confidence intervals) of students reporting various combinations of smoking on past month (S), drinking on past month (D) and cannabis use on past year (C) by sex and age. Y: Yes, N: No

In boys and girls, respectively, the prevalence (95% CI) was 30% (26-34) / 21% (18-25) for smoking, 49% (45-54) / 48% (43-52) for drinking, and 17% (15-20) / 8% (6-10) for cannabis use. The prevalence of smoking, drinking and cannabis use increased with age. Smokers were two times more likely than non-smokers to drink and nine times more likely to use cannabis. Drinkers were three times more likely than non-drinkers to smoke or to use cannabis. All three risk behaviors were found in 9% of boys and 4% of girls.

	n	Smoker			Drinker			Cannabis user		
		Yes (%)	No (%)	Ratio	Yes (%)	No (%)	Ratio	Yes (%)	No (%)	Ratio
Smoking on past month										
Boys	164	100	-	-	43	16	2.7	76	20	3.8
Girls	130	100	-	-	35	8	4.7	75	17	4.5
Total	294	100	-	-	39	11	3.4	75	18	4.1
Drinking on past month										
Boys	304	71	39	1.8	100	-	-	76	44	1.7
Girls	309	81	39	2.1	100	-	-	77	45	1.7
Total	613	76	38	2.0	100	-	-	77	44	1.7
Cannabis on past year										
Boys	105	42	6	7.6	26	8	3.2	100	-	-
Girls	49	26	2	11.4	12	3	3.7	100	-	-
Total	154	35	4	9.3	20	6	3.5	100	-	-

Table 3. Prevalence of students using other substances among smokers and non-smokers, drinkers and non-drinkers and among cannabis users and non-users by sex

## Conclusion

Smoking, drinking and cannabis use were common and tended to cluster among secondary students. This stresses the need for early and integrated prevention programs.



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