

NOTE. THE CORE QUESTIONNAIRE SHOULD BE USED ONLY IN CIRCUMSTANCES WHERE TIME AND RESOURCES FOR INCLUDING ALCOHOL-RELATED QUESTIONS ARE LIMITED.

NOVEMBER 2001

CASE ID: |__|__|__|__|

INTERVIEWER ID: |__|__|__|__|

**GENDER, ALCOHOL, AND CULTURE: AN INTERNATIONAL STUDY
(GENACIS)**

CORE QUESTIONNAIRE:

DEMOGRAPHICS

1. What is your gender?

Male	1
Female	2

2. What is your date of birth?

__ __	__ __	__ __	OR	__ __	__ __	__ __
MONTH	DAY	YEAR		DAY	MONTH	YEAR

3. What is the highest grade or year of school you have completed? **REVISE TO FIT EACH COUNTRY'S EDUCATIONAL SYSTEM**

No formal schooling	1
8th grade or less	2
Some high school	3
High school diploma or G.E.D	4
Some college or 2 year degree	5
Bachelor's degree	6
Graduate or professional school	7

4. What best describes your ethnic group? **USE CULTURALLY APPROPRIATE ETHNICITY CATEGORIES**

5A. In what region/province do you live? **USE CULTURALLY APPROPRIATE CATEGORIES**

5B. Which of these categories comes closest to the type of place where you presently live?

In open country but not on a farm	1
On a farm	2
In a small city or town (under 50,000)	3
In a medium-size city (50,000-250,000)	4

In a suburb near a large city	5
In a large city	6

6A. What is your marital status? (Are you married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or have you never been married?)

Married	1
Living with a partner/ common-law marriage	2
Widowed	3
Divorced	4
Married but separated	5
Never married	6 (SKIP to Q. 7)

6B. And in what year did (you get married/that happen)?

YEAR |__|__|__|__| (SKIP TO INSTRUCTION BEFORE Q. 8)

ATTENTION: IF YOU HAVE NEVER BEEN MARRIED PLEASE ANSWER Q. 7

7. Have you ever lived with a partner in a marriage-like relationship?

Yes	1
No	2

ATTENTION: IF YOU ARE WIDOWED, DIVORCED, SEPARATED, OR HAVE NEVER MARRIED (Q. 6A = 3, 4, 5, OR 6), GO TO Q. 8.

IF YOU ARE MARRIED (Q. 6A = 1), SKIP TO Q. 11.

IF YOU ARE LIVING WITH A PARTNER (Q. 6A = 2), SKIP TO Q. 10.

8. Among the people who you now know, is there someone with whom you have a very close romantic relationship?

Yes	1 (GO TO Q. 9)
No	2 (SKIP TO Q. 11)

9. How long have you been close to this person?

Years |__|__| Months |__|__|

10. Is (this person/your partner) male or female?

Male	1
Female	2

11. How many people are living in your household, including yourself, your spouse or partner, and any other family members living with you?

|_|_| people

12. Have you ever had any children, including adopted or stepchildren?

Yes 1
No 2 (SKIP TO Q. 14)

13. How many children under age 18 live with you, including adopted, stepchildren, your partner's children, or grandchildren?

|_|_| children

WORK EXPERIENCES

14. What is your present occupation or occupations? **INCLUDE HOMEMAKER/HOUSEWIFE/HOUSEHUSBAND AS AN OCCUPATION.** _____

OPTION: If the respondent has difficulty answering this question, the interviewer may provide a locally appropriate set of occupational categories.

15. What is your present daily occupation/employment status? **CIRCLE ONE. REFERENCE TO EMPLOYMENT STATUS AND EMPLOYMENT CATEGORIES MAY NEED TO USE LOCAL TERMS WITH SIMILAR MEANINGS.**

Working for pay	8 (GO TO Q. 16A)
Involuntarily unemployed	7 (SKIP TO Q. 20)
Student	6 (SKIP TO Q. 20)
Retired	5 (SKIP TO Q. 20)
Not working due to illness	4 (SKIP TO Q. 20)
Parental or pregnancy leave	3 (SKIP TO Q. 20)
Homemaker	2 (SKIP TO Q. 20)
Voluntarily unemployed for other reasons	1 (SKIP TO Q. 20)

16A. What is your present employment situation?

Employed until I quit or retire	4
Employed until I am laid off or fired	3
Employed until the (project/task/job) I was hired for is finished	2
Employed only temporarily or (off-and-on/intermittently)	1

16B. Are you self-employed or are you employed by others?

Self-employed	1
Employed by others	2

17. Do you usually work: **CIRCLE ALL THAT APPLY. REVISE TO FIT EACH COUNTRY'S WORK SCHEDULE.**

Day time	4
Evenings	3
Night time	2
Shift work	1

18. Which of the following best describes the people you work with or who work alongside you?

All or nearly all are men	6
A majority are men	5
Half are women, half are men	4
A majority are women	3
All or nearly all are women	2
I work alone or by myself	1

19. How stressful is your work situation? **NOTE TO INVESTIGATOR: THIS REFERS TO NEGATIVE STRESS OR DISTRESS.**

Very stressful	4
Somewhat stressful	3
A little stressful	2
Not at all stressful	1

20. What is your total **household** income, **before taxes and from all sources**? By household income we mean income earned by you (**IF APPLICABLE:** and by your spouse/cohabiting partner, and by any other family members living with you) and any income from other sources, such as child support or pensions.

USE CULTURALLY APPROPRIATE INCOME CATEGORIES.

21. How much of the total household income, from all sources, do you yourself provide?

All of it	5
More than half	4
About half	3
Less than half	2
None	1
REFUSED	0

SOCIAL NETWORKS

22A. How many times during the **last 30 days** have you had informal and supportive contacts with relatives, friends and neighbors, including letters, phone calls, or e-mails?

Daily or almost every day	5
Several times a week	4
Once or twice a week	3
One to three times in the last 30 days	2
Not at all during the last 30 days	1

22B. Apart from your spouse/partner/romantic (non-cohabiting) partner, how many persons do you feel confident that you can talk to about an important personal problem?

6 or more	5
4-5	4
2-3	3
One	2
None	1

23. What is your religious preference? **USE CULTURALLY APPROPRIATE CATEGORIES**

DRINKING BEHAVIOR

MEASUREMENT OF GENERIC CONSUMPTION

The next few questions are about the use of alcoholic beverages, such as wine, beer, and liquor, by yourself and by people you know.

24. During the **last 12 months**, how often did you usually have any kind of beverage containing alcohol – whether it was wine, beer, liquor (OR OTHER CULTURALLY UNIQUE DRINKS THAT MIGHT NOT BE RECOGNIZABLE TO THE RESPONDENT WITHOUT SPECIFYING THE COLLOQUIAL NAME), or any other drink?

Every day or nearly every day,	9
Three or four times a week,	8
Once or twice a week,	7
One to three times a month,	6
Seven to eleven times in the last 12 months,	5
Three to six times in the last 12 months,	4
Twice in the last 12 months,	3
Once in the last 12 months, or	2
Never in the last 12 months?	1 (SKIP TO Q. 33A)

25.

NOTE: ALL INSTRUCTIONS TO THE RESEARCHER ARE IN CAPITAL LETTERS AND SHOULD NOT BE READ TO THE RESPONDENT. ALL QUESTIONS FOR THE RESPONDENT ARE IN BOLD-FACE TYPE.

- A1.** **The next few questions are about how much wine, beer, and liquor** (OR OTHER CULTURALLY UNIQUE DRINKS THAT MIGHT NOT BE RECOGNIZABLE TO THE RESPONDENT WITHOUT SPECIFYING THE COLLOQUIAL NAME) **you may have had during the last 12 months. When we say one drink, we mean....**(THE RESEARCHER SHOULD NOW DESCRIBE THE VARIOUS TYPES OF ALCOHOLIC BEVERAGES AND POSSIBLE SIZES TO APPROXIMATE A TYPICAL “DRINK SIZE” IN THAT PARTICULAR CULTURE. A STANDARD “DRINK” WILL BE DEFINED AS CONTAINING APPROXIMATELY 12 GRAMS OF ETHANOL, AND ALL SUBSEQUENT QUESTIONS WILL BE IN “GRAMS OF ETHANOL, “ FOLLOWED BY THE NORTH AMERICAN EQUIVALENCY IN NUMBER OF DRINKS. THE RESEARCHER SHOULD CONVERT THE GRAMS OF ETHANOL ITEMS TO THE APPROPRIATE EQUIVALENT NUMBER OF DRINKS/UNITS FOR THAT CULTURE.)

Think of all kinds of alcoholic beverages combined, that is, any combination of cans, bottles or glasses of beer; glasses of wine; or drinks containing liquor of any kind (OR THE CULTURAL EQUIVALENT TO THIS STATEMENT). **During the last 12 months, what is the largest number of drinks you had on any single day? Was it:**

(ASK A2)	240 grams or more of ethanol in a single day (20 or more drinks in a single day,)	a
(ASK A2)	at least 144, but less than 240 g (at least 12, but less than 20 drinks,)	a
(SKIP TO A3)	at least 96, but less than 144 g (at least 8, but less than 12 drinks,)	b
(SKIP TO A4)	at least 60, but less than 96 g (at least 5, but less than 8 drinks,)	c
(SKIP TO A5)	at least 36, but less than 60 g (at least 3, but less than 5 drinks,)	d
(SKIP TO A6)	at least 12, but less than 36 g (at least 1, but less than 3 drinks,)	e
(SKIP TO A7)	at least 1, but less than 12 g (at least a sip, but less than one full drink,)	f
(SKIP TO Q. 33A)	DID NOT DRINK AT ALL IN THE LAST 12 MONTHS	g
(ASK A2)	DON'T KNOW	98
(ASK A2)	REFUSED	97

(DO NOT READ. FOR REFERENCE ONLY.)**QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)
RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE**

12 drinks =	12 cans of beer	5 drinks =	5 cans of beer
	4-1/4 quarts of beer		1-3/4 quarts of beer
	2 regular-size bottles of wine		3/4 bottle of wine
	1/2 gallon of wine		1/5 a fifth of liquor
	1/2 fifth of liquor		1/3 pint of liquor
	3/4 pint of liquor		
		3 drinks =	3 cans of beer
			1 quart of beer
8 drinks =	8 cans of beer		1/2 bottle of wine
	3 quarts of beer		1/3 of a 1/2 pint of liquor
	1-1/4 bottles of wine		
	1/2 pint of liquor	1 drink =	1 - 12 oz. can or bottle of beer
	1/3 fifth of liquor		1 - 4oz. glass of wine
			1 mixed drink with 1 shot liquor

One 12 oz. bottle of wine cooler equals one drink.

- A2. **During the last 12 months, how often did you have at least 144, but less than 240 grams ethanol (at least 12, but less than 20 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:**
- A3. **During the last 12 months, how often did you have at least 96, but less than 144 grams ethanol (at least 8, but less than 12 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:**
- A4. **During the last 12 months, how often did you have at least 60, but less than 96 grams ethanol (at least 5, but less than 8 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:**
- A5. **During the last 12 months, how often did you have at least 36, but less than 60 grams ethanol (at least 3, but less than 5 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:**
- A6. **During the last 12 months, how often did you have at least 12, but less than 36 grams ethanol (at least 1, but less than 3 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:**

					months			
a. at a meal	8	7	6	5	4	3	2	1
b. at a party or celebration	8	7	6	5	4	3	2	1
c. in your own home	8	7	6	5	4	3	2	1
d. at a friend's home	8	7	6	5	4	3	2	1
e. at your workplace	8	7	6	5	4	3	2	1
f. in a bar/pub/disco	8	7	6	5	4	3	2	1
g. in a restaurant	8	7	6	5	4	3	2	1

OPTIONAL: Ask about the frequency of drinking “time periods”. See EXPANDED CORE Questionnaire, Q. 39.

29. How often in the **last 12 months** have you had a drink when you were with the following persons? **Think of all the times that apply for each person.** For example, having a drink with your spouse or partner and friends should be included under both “(a) with your spouse or partner,” and “(d) with friends.”

	Every day or nearly every day	Three or four times a week	Once or twice a week	One to three times a month	Seven to eleven times in the last 12 months	Three to six times in the last 12 months	Once or twice in the last 12 months	Never in the last 12 months
a. with your spouse/partner/romantic (non-cohabiting) partner whether or not other people were present?	8	7	6	5	4	3	2	1
b. with a family member other than your spouse/partner/romantic (non-cohabiting) partner?	8	7	6	5	4	3	2	1
c. with people you work with or go to school with?	8	7	6	5	4	3	2	1
d. with friends other than your spouse or partner?	8	7	6	5	4	3	2	1
e. when no one happened to be with you?	8	7	6	5	4	3	2	1

IF NECESSARY, COMBINE RECOMMENDED FREQUENCY CATEGORIES INTO A SMALLER NUMBER OF CATEGORIES, BUT

- a. Keep the extreme options: NEVER, AND EVERY DAY OR NEARLY EVERYDAY
- b. Combine whole categories from the current frequency list.

DRINKING CONSEQUENCES

Next are some questions about drinking-related experiences many people have during their lifetime.

30A. During the **last 12 months**, has **YOUR** drinking had a harmful effect...

a. on your work, studies or employment opportunities?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3
b. on your housework or chores around the house?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3
c. on your marriage/intimate relationships?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3
d. on your relationships with other family members, including your children?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3
e. on your friendships or social life?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3
f. on your finances?	NO	1
	YES, ONCE OR TWICE	2
	YES, THREE OR MORE TIMES	3

30B. During the **last 12 months**, have you gotten in a fight while drinking?

NO	1
YES, ONCE OR TWICE	2
YES, THREE OR MORE TIMES	3

30C. How often during the **last 12 months** have you

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never
a. drunk enough to feel the effects of the alcohol—for example, your speech was slurred and/or you had trouble walking steadily?	4	3	2	1	0
b. had a headache and/or felt nauseated as a result of your drinking?	4	3	2	1	0
c. taken a drink to get over any of the bad after-effects of drinking?	4	3	2	1	0

d. felt sick or found yourself shaking when you cut down or stopped drinking?	4	3	2	1	0
e. found that you were not able to stop drinking once you had started?	4	3	2	1	0
f. failed to do what was normally expected from you because of drinking?	4	3	2	1	0
g. needed a first drink in the morning to get yourself going after a heavy drinking session?	4	3	2	1	0
h. had a feeling of guilt or remorse after drinking?	4	3	2	1	0
i. been unable to remember what happened the night before because you had been drinking?	4	3	2	1	0

31. Have you or someone else been injured as a result of your drinking?

Yes, during the last year	4
Yes, but not in the last year	2
Never	0

NOTE TO RESEARCHER: Q. 30e – i, and Q. 31 are coded to be consistent with the AUDIT.

32. During the **last 12 months**, have any of the following persons attempted to influence your drinking so that you would drink less or cut down on your drinking?

a. Your spouse/partner/romantic (non-cohabiting) partner?	YES	1
	NO	2
b. Your child or children?	YES	1
	NO	2
c. Some other female member of your family?	YES	1
	NO	2
d. Some other male member of your family?	YES	1
	NO	2
e. Someone at your work or at school?	YES	1
	NO	2
f. A female friend or acquaintance?	YES	1
	NO	2
g. A male friend or acquaintance?	YES	1
	NO	2
h. A doctor or health worker?	YES	1 (SKIP TO Q. 34A)
	NO	2 (SKIP TO Q. 34A)

STRONGLY RECOMMENDED: Ask about harmful effects on roles and relationships. See EXPANDED CORE Questionnaire, Q. 42.

ASK 33A–C ONLY OF CURRENT ABSTAINERS (NEVER DRANK IN THE LAST 12 MONTHS).33A. Did you ever have a drink of any beverage containing alcohol?

Yes	1 (ASK Q. 33B)
No	2 (SKIP TO Q. 34A)

33B. How old were you when you began drinking, more than just a sip or a taste?

|_|_| years old

33C. Was there ever a time when your drinking caused any problems in your life (for example, problems with family, health, or work, or with the law or the police)?

Yes	1
No	2

INTIMATE RELATIONS AND SEXUALITY**IF NO SPOUSE/PARTNER/ROMANTIC (NON-COHABITING) PARTNER, SKIP TO Q. 39.**34A. Thinking back over the **last 12 months**, about how often did your spouse/partner/romantic (non-cohabiting) partner drink alcoholic beverages? Remember to include all kinds of alcoholic beverages... spirits, wine, beer.

Every day or nearly every day	8
Three or four times a week	7
Once or twice a week	6
One to three times a month	5
Seven to eleven times in the last 12 months	4
Three to six times in the last 12 months	3
Once or twice in the last 12 months	2
Never in the last 12 months	1

34B. Again, thinking back over the **last 12 months**, about how many drinks would your spouse/partner/romantic (non-cohabiting) partner have on a typical day when he/she drank? Please think of all kinds of alcoholic beverages combined.

|_|_| drinks

35. Please circle the number which best describes how happy you are with your relationship with your current spouse/partner/romantic (non-cohabiting) partner.

1	2	3	4	5
---	---	---	---	---

Extremely
UnhappyExtremely
Happy

36. Please circle the number which describes how easy it generally is for you to talk about your feelings or problems with your spouse/partner/romantic (non-cohabiting) partner?

1	2	3	4	5
Very Difficult				Very Easy

37. How often do you and your spouse/partner/romantic (non-cohabiting) partner quarrel?

At least once a day	5
Several times a week	4
Several times a month	3
Once a month or less	2
Never	1

38. During the **last 12 months**, how much of your drinking has been with your spouse/partner/romantic (non-cohabiting) partner?

All or almost all occasions	5
Most occasions	4
Some occasions	3
A few occasions	2
Never	1
I do not drink	0

39. What was your age when you first had consensual sexual intercourse?

ENTER AGE FOR FIRST TIME: |__|__| years
NEVER HAD CONSENSUAL SEXUAL INTERCOURSE: |__| (SKIP TO Q. 41)

40. During the **last 12 months**, how many partners have you had sexual activity with? (PLEASE WRITE IN A NUMBER).

|__|__|__| partners

41. Drinking affects people in many different ways. We would like to learn what effects drinking may have for you. When you drink, how true would you say each of these statements is for you--usually true, sometimes true, or never true? How true is it that when you drink . . .

	Usually True	Sometimes True	Never True
a. you find it easier to be open with other people?	3	2	1

b. you find it easier to talk to your present partner about your feelings or problems?	3	2	1
c. you feel less inhibited about sex?	3	2	1
d. sexual activity is more pleasurable for you?	3	2	1
e. you feel more sexually attractive?	3	2	1
f. you generally become more aggressive toward other people?	3	2	1

VIOLENCE AND VICTIMIZATION

ASK EVERYONE.

42. People can be physically aggressive in many ways, for example, pushing, punching, or slapping, or physically aggressive in some other way. What is the **most** physically aggressive thing done to you during the **last 2 years** by someone who was or had been in a **close romantic relationship** with you (such as a wife, husband, boyfriend, girlfriend)? [checklist: push, shove, grab, slap, punch, kick, beat up, throw something at you, hit you with an object, threaten you, threaten you with a weapon, use a weapon, other] **DO NOT INCLUDE SEXUAL ASSAULT OR RAPE WHICH IS ASKED IN Q. 50A.**

(WRITE RESPONSE HERE)

IF VOLUNTEERED: IF RESPONDENT SAYS THAT NOTHING LIKE THIS HAS HAPPENED, SKIP TO Q. 48.

43. On a scale of 1 to 10, where 1 is minor aggression and 10 is life-threatening aggression, how would you rate the level of this aggressive act?

1	2	3	4	5	6	7	8	9	10
Minor Aggression					Life-threatening Aggression				

44. Did you seek medical attention from a doctor, nurse, paramedic or other health professional either at the time that the person did this to you or in the next day or so?

Yes	1
No	2

45. Had you or the other person been drinking before this incident?

Both	4
Respondent only	3
Other person only	2

Neither 1

46. Was the other person in this incident your **current** spouse/partner/romantic (non-cohabiting) partner?

Yes 1
No 2

47. Thinking back over the **last 2 years**, about **how often** were any of these aggressive things (such as being pushed or shoved, getting beat up, or being threatened with a weapon) done to you by your **current** spouse, partner, or someone with whom you have a close romantic relationship?

Four or more times 5
Two or three times 4
Once 3
Not at all 2
I DO NOT HAVE A CURRENT
ROMANTIC RELATIONSHIP 1 (IF VOLUNTEERED)

47A. Were any of these aggressive things done to you in the **past 12 months** by **anyone in a romantic relationship with you** (your spouse, partner, or someone with whom you had a close romantic relationship)? INTERVIEWER: DO NOT LIMIT TO **CURRENT SPOUSE, PARTNER, OR CLOSE ROMANTIC RELATIONSHIP**.

Yes 1
No 2

STRONGLY RECOMMEND: PARALLEL QUESTIONS ON RESPONDENT'S OWN MOST AGGRESSIVE ACT TOWARD PARTNER. SEE EXPANDED CORE QUESTIONNAIRE.

48. **Before you were 16 years old** (age 15 or younger), did someone **in your family** try to make you do sexual things or watch sexual things?

Very often 5
Often 4
Sometimes 3
Rarely 2
Never 1

49. **Before you were 16 years old** (age 15 or younger), did someone **other than a family member** try to make you do sexual things or watch sexual things?

Very often 5
Often 4
Sometimes 3
Rarely 2
Never 1

50A. **Since the age of 16** (16 or older), was there a time when someone forced you to have sexual activity that you **really did not want**? This might have been intercourse or other forms of sexual activity, and might have happened with spouses, lovers, or friends, as well as with more distant persons and strangers.

Yes	1 (ASK Q. 50B)
No	2 (SKIP TO Q. 51)

50B. Was this with a spouse, partner, or someone you had a close romantic relationship with?

Yes	1
No	2

HEALTH AND LIFESTYLE

Now I would like to ask you some questions about your health.

51. How tall are you?

|_|_| cm OR |_| feet |_|_| inches

52. How much do you weigh?

|_|_| kg OR |_|_| pounds

53. In general, how has your physical health been in the **last 12 months**?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1

54. In general, how has your emotional/mental health been in the **last 12 months**?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1

55. In the **last 12 months**, have you sought **medical or other** professional help related to your physical health?

YES	1
NO	2

56. In the **last 12 months**, have you sought **medical or other** professional help related to your emotional/mental health?

YES	1
NO	2

57A. Did you ever consider seeking help for your own drinking or alcohol-related problems?

YES	1 (ASK Q. 57B)
NO	2 (SKIP TO Q. 58)

57B. If yes, did you receive help in the **last 12 months**?

YES	1
NO	2

58. In the **last 12 months**, have you smoked one or more cigarettes a day?

YES	1
NO	2

59. In the **last 12 months**, have you used marijuana (pot or hashish)?

YES	1
NO	2

60. In the **last 12 months**, have you used any other drugs, such as cocaine or crack, heroin, stimulants (such as methamphetamines or "ice"), hallucinogens (such as LSD), or party drugs (such as ecstasy)?

YES	1
NO	2
