NACD Drug Prevalence Survey 2006/2007

Technical Report

NACD
National Advisory Committee on Drugs

3rd Floor, Shelbourne House, Shelbourne Road,
Dublin 4; 01 6670760

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Ipsos MORI

24 WINDSOR PLACE, DUBLIN 2.
TEL: 01 6326000

Contents

1. Introduction

This volume contains the research methodology used in the second General Population Drug Prevalence Survey in the Republic of Ireland, conducted by Ipsos MORI on behalf of the National Advisory Committee on Drugs (NACD) in Ireland.

1.1. Background

The extent and pattern of drug use in the general population is one of the five key indicators produced by the EMCDDA[1], the European Monitoring Centre for Drugs and Drug Addiction (www.emcdda.org), and adopted by EU Member States. In order to ensure that reliable and comparable data are obtained in this regard, the measurement of the extent and pattern of drug use amongst the general population in Ireland is one of the priorities set out by the NACD in its current work programme and agreed by Government.

The NACD and DAIRU (Drug and Alcohol Information and Research Unit) commissioned a Drug Prevalence Survey to establish population prevalence of drug use in Ireland and Northern Ireland in 2002/2003. In 2006, the NACD decided to commission a repeat of this survey in both jurisdictions, and Ipsos MORI was commissioned to conduct the fieldwork for the Republic of Ireland. Ipsos MORI was required to follow the relevant guidelines published by the EMCDDA and to achieve an approximate population sample of 5,000 in Ireland, using An Post's GeoDirectory as its Sampling Frame. The sample size of 5,000 was agreed in order that the sample size remained consistent with the previous survey and to enable reporting by HSE area.

As with the previous survey in 2002/03, the NACD and the DAIRU worked together in commissioning this research into the prevalence of drug use in Ireland and Northern Ireland respectively. Their collaboration brings an all island perspective to drug prevalence whilst maintaining individual responsibility to provide information to their respective Governments.

Planning and commissioning process

A Research Advisory Group (RAG) was formed to oversee the commissioning process and to support the implementation of the survey to the EMCDDA standard. The membership comprised of the following representatives from DAIRU and the NACD (in alphabetical order by surname):

- Arthurs, Eddie – NACD/Department of Community Rural and Gaeltacht Affairs
- Corrigan, Des – PhD, Chairman, NACD
- Horgan, Justine – PhD, Researcher, NACD
- Long, Jean – PhD, NACD/ Health Research Board, Alcohol Drug Research Unit
- Lyons, Mairéad – Director, NACD
- Moore, Kieron – Principal Statistician, DAIRU

[1] EMCDDA *Handbook for Surveys on Drug Use Among The General Population* (2002), P.80

The tender was advertised in the Official Journal of the European Commission (OJEC) firstly as an Expression of Interest in January 2006 and then as a Request for Tender in April 2007. See details in Appendices A and B.

In July 2006, the NACD formally commissioned Ipsos MORI to conduct the 2006/2007 national drug prevalence study in the Republic of Ireland. What followed was a detailed project set-up phase, whereby Ipsos MORI and the Research Advisory Group worked together from July-October 2006 to plan all aspects of the study in order to ensure its success.

During the working period of the project between July 2006 and December 2007, a total of 12 RAG meetings were held and six of these meetings were convened between the RAG and Ipsos MORI (the Central Survey Unit in Northern Ireland also attended). Members of the RAG also participated in the four briefing sessions to field workers conducted by Ipsos MORI.

1.2. Research Objectives

The core objective of the research was to provide up-to-date, robust data regarding the prevalence of (licit and illicit) drug use amongst the general population. The tender brief stated that the survey would be based on the guidelines produced by the EMCDDA which states its main aims as follows:

(1) To report prevalence and continuation rates of the most common illicit drugs in the general population by gender and age groups;
(2) To allow cross country assessment of relationships between general patterns of use of illicit and licit drugs;
(3) To allow the assessment of relationships between particular population attributes and the use of illicit drugs.

As with the previous study, the survey was also required to;

- be reliable, in that overall results are statistically reliable estimates of the prevalence of drug use in each jurisdiction and on the island as a whole
- be comparable with Northern Ireland and as far as possible with similar studies being conducted throughout the European Union
- allow analysis of results in terms of a variety of demographic factors.

To meet the objectives of the study, a target of 5,000 interviews was set and a final sample size of 4,967 interviews was achieved.

The survey was carried out using the EMCDDA Model Questionnaire with some modification and face-to-face interviewing method amongst 15 to 64 year olds. A standardised questionnaire was used to collect the information on drug use, while the sample was selected using probability sampling.

Although the questionnaire content remained largely unchanged from the 2002/2003 study, the major change between this study and the previous one was the transition

of data collection methodology from pen-and-paper to Computer Assisted Personal Interviewing (CAPI). CAPI is the preferred method under EMCDDA guidelines. The move to CAPI meant new challenges and called for a comprehensive set-up phase, involving close liaison between Ipsos MORI and the Research Advisory Group, from reviewing the question wording and coding, through piloting the survey itself and testing the CAPI approach, using a detailed sampling process.

Furthermore, the interviewers were taken through a detailed programme of engagement, briefing and instruction, to ensure they were fully prepared to conduct the interviews.

Ultimately, the transition to CAPI data collection proved successful and eliminated many of the challenges associated with pen-and-paper data collection which had been encountered previously.

1.3. Inclusion of booster sample in Ballymun

As well as the move to CAPI outlined above, the other key difference in the 2006/07 study was the decision to run a smaller, booster survey in parallel in the area of Ballymun, Dublin 11, which was designed to test the merit of conducting a local prevalence study.

The NACD agreed that the questionnaire used in the main survey could be used to conduct a booster survey of adults aged 15-64 in Ballymun. This survey was also conducted on CAPI, with a target number of 300 interviews. The approximate sample size of 300 was agreed in order that the survey would provide robust and reliable data at a total sample level only and would keep the cost low.

Range of error (+/-) for 95% CI - for range of percentages by survey size
(assumes simple random sample)

Base	5% or 95%	10% or 90%	20% or 80%	30% or 70%	50%
100	4.3	5.9	7.8	9.0	9.8
200	3.0	4.2	5.5	6.4	6.9
300	2.5	3.4	4.5	5.2	5.7
500	1.9	2.6	3.5	4.0	4.4

This smaller study was conducted on behalf of the Ballymun Local Drugs Task Force. There was ongoing liaison with Marie Lawless, Policy and Research Officer, Ballymun Local Drugs Task Force and she also attended Research Advisory Group meetings between Ipsos MORI and NACD.

Further detail on the Ballymun survey is provided in Appendix P.

Running a national and local survey in parallel proved to be a challenging experience. The biggest difficulty with such an approach is one of interviewer capacity, whereby interviewers may be required to work on both surveys. As the local survey was taking place in Dublin, which in the national survey proved to be one of the more challenging parts of the country to secure interviews in, this meant that progress of both surveys was slower than had been anticipated.

The main advantage of running both surveys in parallel, meanwhile, was that lessons from one could quickly be adapted to the other. As the fieldwork for the main study was underway by the time the Ballymun survey commenced, many early difficulties or issues that had been encountered could be anticipated. Furthermore, guidance on the likely respondent reactions and frequently asked questions were identified in the main study, and hence could be anticipated in the local survey.

2. Survey Design

2.1. Target Population

The universe for the survey was defined as a survey of all adults, aged between 15 and 64, living in private households in the Republic of Ireland and Northern Ireland, as per EMCDDA guidelines. **This report focuses on the Republic of Ireland survey only.**

As the EMCDDA Handbook observes, surveys of this nature are typically conducted in the respondent's home for methodological and practical reasons[1]. In addition to this, the length of the questionnaire, i.e. approximately 20 minutes interviewing time, dictated that the interview needed to be conducted in the respondent's home and not on the street; moreover the sensitive nature of the subject matter lent itself better to the more confidential surroundings of the person's home.

Language

It is worth noting at this stage that the survey did not make a specific provision for interviews to be conducted in languages other than English. Households could participate in the study, regardless of their language needs, and NACD was willing to provide translation if required. However, from a practical point of view, it was agreed at the outset that this issue would be closely monitored on an ongoing basis and, if a significant number of respondents requiring translation of the questionnaire or an interpreter was encountered, that this would immediately be brought to the attention of the Research Advisory Group to allow it to monitor additional costs.

In fact, although approximately 10 households requested the original letter to be translated into Polish to help them better understand the survey and make a decision about participation, ultimately no interviews were conducted in any language other than English and no respondents requested the service of an interpreter.

(A copy of the Polish translation of the letter is provided in Appendix J).

[1] EMCDDA *Handbook for Surveys on Drug Use Among The General Population (2002) p.80*

Age

Adults aged 15-64 years were included in the study in line with EMCDDA guidelines and as before, there were two sections of the population which were deliberately excluded in terms of age. The first of these were the under 15s, who were excluded in line with EMCDDA guidelines. Under Market Research Society guidelines, it is only permissible to interview 15 year olds and under with the written consent of their parents or guardian. Therefore, in order to include 15 year olds in this study, the written consent of their parents or guardians was obtained. It should be noted that the parent/guardian also had the right to sit in on the interview, if they so wished.

The table below outlines the numbers of 15-year-old respondents, who conducted the interview in the presence of a parent/guardian.

	Total
Parent present	26
Parent not present	31
Total	57

The second age group which was excluded were people aged 65 and over. This group was excluded because, as the EMCDDA points out, responses from respondents in this group may be less reliable (due to effects of memory), and in any case the prevalence of (lifetime) drug use amongst this group is not expected to be very high[2].

Audiences outside the scope of this study

Similar to the last study, it was decided not to set out to deliberately achieve interviews with specific groupings such as the homeless, members of the Traveller community or other minority and ethnic groups, nor with those in institutions, such as prisons.

2.2. Mode of Interviewing

Selecting the most appropriate mode of data collection was critical to the success of this survey. The mode selected had to deliver a highly-accurate dataset while remaining cost-effective. It had to be acceptable and viable to both interviewers and respondents, while allowing for stringent project management and monitoring of fieldwork.

The research brief specified the use of Computer Assisted Personal Interviewing (CAPI) as the preferred mode of interviewing in the 2006/07 study. A pen and paper method was used in the 2002/03 study. Some of the particular benefits of using CAPI over a pen and paper questionnaire included:

[2] EMCDDA *Handbook for Surveys on Drug Use Among The General Population (2002) p.79*

- Interviewer **routing error was avoided**, as the programme automatically guided interviewers to the correct question. This also saved time;

- **Complex routing was made possible**, which was extremely difficult to administer on a traditional paper questionnaire. In an attempt to overcome the complex routing in the last Drug Prevalence study, the questionnaire was designed with indicators and sections (i.e. questionnaire 'flaps') – the need for this was now negated through the use of CAPI;

- **Automatic CAPI checks and edits** reduced interviewer error and prompted respondents to consider their answers where they answered questions inconsistently;

- The **need for data punching**, a traditional source of error in market research surveys, **was eliminated**;

- **Completed interviews were automatically downloaded** via modem, allowed immediate access to the data and allowed much faster data processing than a paper based questionnaire. Data could be almost immediately linked to SPSS, the data processing tool.

2.3. CAPI Set-Up and Validation

SPSS MR's Quancept software was used for Computer Assisted Personal Interviewing (CAPI). ***Quancept*** is an integrated suite of software tools for designing surveys and conducting CAPI. It has a Microsoft Windows-based graphical user interface making it extremely easy to use. Interviewers required minimal training and supervisors could efficiently manage complex projects with numerous field interviewers.

We put in place the following procedures to ensure that the data were suitably validated, further enhancing the quality of the data.

1) Range Checks:
Range checks were built into the CAPI script so that, for example, if the range of possible answers to a particular question was between 1 and 5, the interviewer could not input the number 50 by mistake and continue.

2) Rigorous checking of routing (skips):
All routing was rigorously checked by members of the CAPI set-up team and also by several members of the Executive team.

3) Consistency checks:
Consistency checks were built into the script and also rigorously checked as part of the checking of routing (skips).

Members of the Research Advisory Group **took part in the script approval process**, by viewing the CAPI script on a laptop after it had been scripted.

2.4. Sampling

Population surveys on drug use, in common with most other surveys, are usually conducted among a sample of the entire target population because it is not practical, nor cost or time-efficient to interview every single individual in the population. A survey is only as good as its sample. This is especially true of a population survey such as this, where the key objective was to provide for reliable national estimates of the prevalence of drug use in Ireland to feed into public policy making.

Random Sampling

The EMCDDA *Handbook* suggests that *"in prevalence studies, as in social studies in general, it is usually not possible to make assumptions (about the distribution of survey variables in the population) and, as a consequence probability sampling should almost be considered mandatory"*[3]. Given that collecting accurate, up-to-date profile data was a key aim of the survey, and this sampling method was used in 2002/2003, the RAG and project team felt that a similar approach should be used in 2006/2007.

2.5. Sample Frame

As a randomly drawn sample, this survey was one in which every member of the defined population (in this case, those aged 15-64) had a calculable chance of being included in the sample. Therefore, the first step in drawing a random sample is to define the sampling frame, i.e. a list of all the members of the population. However, such a list is not available in Ireland.

The survey used the **An Post/Ordnance Survey Ireland GeoDirectory** as the primary sampling frame. This file is comprehensive, regularly updated, and has a high degree of accuracy. Additionally, this sampling frame was used in the 2002/2003 study and was the RAG's preferred sampling frame for the 2006/07 study. In particular, the GeoDirectory address lists were chosen because:

- It contained every address point in Ireland and is designed for use for market research and by all kinds of businesses;
- It is updated on a quarterly basis;
- It avoids double counting as buildings, which have alternative names (e.g. No.15, Any Street and Rose Cottage, Any Street), would be counted only once;
- GeoDirectory provides separate lists for businesses and residential addresses.
- It links every address to its electoral division, allowing for the separation of data from both large (e.g. HSE areas, Regional Drug Task Forces) and small geographic areas (e.g. Electoral Divisions (EDs) alike;
- Demographic data from the CSO can be easily obtained at an ED level and incorporated into databases provided by GeoDirectory;

[3] EMCDDA *Handbook for Surveys on Drug Use Among The General Population*, (2002), p.97

- The address lists provided by GeoDirectory would also include those who may not be on the electoral register for one reason or another.

Despite these obvious advantages, using the GeoDirectory list still had the same potential for limitations (extra dwellings, combined dwellings and addresses without dwellings). Again, interviewers' contact sheets were used to gather information on the addresses that were excluded.

2.6. Selection of Sample

A three-stage process was used to construct the sample for this survey:

Selection of Primary Sampling Units (PSUs)

Stratification techniques were used to select Primary Sampling Units (PSUs). In this case, Electoral Divisions (EDs) were defined as Primary Sampling Units (PSUs) in the sample stages of the study.

Since January 2005, the health boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive (HSE). However, when the last survey was carried out in 2002/3, data were weighted by the now former 8 health board areas including the Eastern Regional Health Authority which incorporated 3 local area health boards. All of these health boards corresponded to the Regional Drug Task Force (RDTF) structures set up under the National Drug Strategy, therefore it was agreed that aggregation of data and application of population weights would continue to apply according to the RDTFs.

In the first stage of stratification, the number of interviews per RDTF area was agreed. The decision on the number of interviews per RDTF area was primarily in proportion to the population, with some modifications for the smaller RDTF areas such as the Midlands and the North Western regions, where the number of interviews was over-sampled to around 400 in each region to enable a more robust sample size for these regions, as indicated in the table below.

The table below provides the latest known population figures at the time of commencing fieldwork. As the latest census data had not yet been released by detailed age breakdown, population estimates for 2006 for the population aged 15-64 were used based on data from the 2002 Census. As detailed in a subsequent section, 2006 Census figures were used for the purposes of re-weighting results.

HSE Region equivalent to RDTFs	Total	*% of population*	Sample size
ERHA[4]	1,064,100	*36.60%*	1,532
Midland RDTF (Midlands HB)	167,766	*5.77%*	401
Mid Western RDTF (Mid Western HB)	245,399	*8.44%*	537
North Eastern RDTF (North EasternHB)	265,873	*9.14%*	446
North Western RDTF (North Western HB)	155,033	*5.33%*	386
South Eastern RDTF (South Eastern HB)	307,793	*10.59%*	440
Southern RDTF (Southern HB)	422,749	*14.54%*	682
Western RDTF (Western HB)	278,760	*9.59%*	543
TOTAL	**2,907,473**	***100.00%***	**4,967**

In the second stage of stratification, a decision was made on the number of Primary Sampling Units (PSUs) to be selected (385 in total). The decision on the number of PSUs selected was based on practical considerations (an appropriate compromise between allowing sufficient range of coverage and the need to be practical from a data collection and field management perspective).

These PSUs were then ranked by socio-demographic indicators, from census data, such as population density, male unemployment and social class, to ensure that a representative cross-section of areas was included, and the likelihood of selecting an individual PSU would be proportional to the population of that PSU. In this way, PSUs of all sizes and compositions would have an equal chance of selection. The table below shows the breakdown of PSUs to HSE regions.

HSE Region equivalent to RDTFs	**Number of Sampling Points**
ERHA	135
Midland RDTF	31
Mid Western RDTF	34
North Eastern RDTF	35
North Western RDTF	31
South Eastern RDTF	35
Southern RDTF	49
Western RDTF	35
Total	**385**

On average, 24 addresses were chosen at each of the sampling points.

No reserve sample points were used in this study.

[4] ERHA in this instance refers to the combined group of RDTFs: Northern Area RDTF, South Western RDTF, East Coast RDTF each equivalent to the former local health board areas prior to 2005.

Selection of Addresses

A sample was drawn at random, from each of the randomly selected PSUs, using the information provided in An Post/Ordnance Survey's GeoDirectory.

Additional addresses were only issued for a given assignment point when an interviewer had encountered 10 or more ineligible properties. These were non-residential, derelict, and demolished properties, and where no one in a particular household was eligible to take part in the survey, for example because of age.

The use of CAPI meant that the interviewer needed to physically access the inside of the respondent's home, which was likely to cause some concern to some respondents. To alleviate this, **Ipsos MORI wrote a letter in advance to the entire selected sample, outlining that a survey was taking place and that an interviewer could call to their door.**

To ensure confidentiality and anonymity, no interviewers conducted the research in their immediate locality, thus reducing the likelihood of interviewers having to speak to an acquaintance, friend or relative.

Property and Household Selection

When an interviewer called at an address, their initial task was to establish whether the address was residential and occupied. If it was, they next had to establish the number of properties or self-contained dwelling units it comprised (typically defined as a self-contained dwelling behind its own front door).

A household is defined as a person, or group of people who normally live at the same property, who share a living room or at least one meal a day. In properties with multiple households, one was randomly selected.

Respondent Selection

Individuals (aged 15-64) within each randomly selected household were randomly selected to take part in the survey, using a "last birthday rule" – i.e. the person answering the door at any given residential address was asked to list the birthdays of all residents in the target age group. The person with the most recent birthday was then selected to participate. This random selection procedure took place during an initial screening interview, with an adult member of the household. If the individual selected was not present at that time an appointment was arranged for a later date.

3. Questionnaire Design

3.1. Questionnaire Development

The questionnaire used on this study followed the EMCDDA model questionnaire with modifications appropriate to the Irish context and without prejudice to the purpose of the questionnaire.

The questionnaire was designed with the full involvement of the RAG. The group made minor adaptations and refinements to tailor the questionnaire to Ireland, whilst ensuring full comparability with other surveys conducted with the model questionnaire.

Since the survey was being conducted simultaneously in both jurisdictions, the Republic of Ireland and Northern Ireland, careful consultation was required to ensure comparisons could be made to both sets of results, while there was also opportunity to customise certain questions where appropriate.

3.2. Pilot Study

Ipsos MORI, in line with EMCDDA guidelines, conducted a comprehensive piloting of the questionnaire design. Although there were minimal changes to the questionnaire content from the previous study, the introduction of a CAPI approach meant that the pilot phase was necessary to highlight any potential issues.

The purpose of the pilot study was to thoroughly test all aspects of the survey in advance of the main fieldwork period. It was required to assess both interview content (question wording, use of showcards, interview flow) and practical considerations (measurement of interview length, respondent reactions and identification of potential queries etc.). The experience and results from the 2002/03 were also used to inform the approach.

Firstly, the questionnaire was subjected to Ipsos MORI's internal piloting procedures. At this stage, members of the fieldwork team and the core project team tested the questionnaire. This process was primarily designed to ensure all questions were included with the correct wording and in the correct order, and also to check the routing.

Secondly, a series of live pilot interviews was conducted. The pilot interviewers were briefed in Ipsos MORI's offices by members of the project team, after which a total of 50 pilot interviews were conducted with members of the public in September 2006. The pilot interviews took place in a range of geographical areas across the country to ensure the survey was understood by respondents from a variety of backgrounds.

Once these pilot interviews were completed, interviewers produced detailed comment sheets which the Ipsos MORI project team then reviewed. In addition, the data from the pilot interviews was analysed to ensure the CAPI script and data outputs were correct in advance of the main fieldwork period.

In order to identify any actions that were required in advance of the full study, a pilot debrief meeting was convened at the Ipsos MORI (Dublin) office, whereby the interviewers working on the pilot study met with members of the project team. This meeting took place on 21st September 2006.

Among the key actions taken as a result of the pilot study and subsequent discussions were;

- Minor word changes and amendments to specific questions.
- The inclusion of a 'Refused' option for most questions (which would not be offered to the respondent but was required to enable progress through the CAPI script).
- The provision (by NACD) of updated 'street names' for certain drugs.
- Preamble text added at several points during the script to aid interview flow.
- The inclusion of a 'Frequently Asked Questions' sheet which could be provided to respondents upon request, explaining issues such as confidentiality and the use of a laptop, if results will be shared, etc. *(See Appendix M)*

In summary, the pilot study proved a valuable exercise, as evidenced by the issues raised and the corrective actions taken.

3.3. Questionnaire Approval

The final version of the questionnaire was formally approved by the RAG on 10th October 2006.

A copy of the Final Questionnaire and Showcards is provided in Appendix E/F.

4. Fieldwork

4.1. Overview

As noted earlier, there were a variety of possible ways of undertaking this research but for this study, fieldwork was conducted by means of face-to-face interviews conducted in the respondents' homes as per EMCDDA guidelines. There was a number of reasons for this decision, as follows:

- The length of the questionnaire dictated that the interview needed to be conducted "in-home" and not "on street";
- The sensitive nature of the subject matter lent itself better to the more confidential surroundings of the person's home;
- Conducting the survey using an "interviewer completion" approach (rather than self-completion) was a better means of collecting information from all respondents (i.e. including those who had finished education 'early' (pre-primary, primary), who were illiterate or who had difficulty reading);
- Any potential bias which may have arisen from the way an interviewer asked a question was largely removed through the use of a straightforward questionnaire, and the high level of interviewer training and supervision;
- Face-to-face interviews also generate higher response rates.

It is worth noting that face-to-face interviews are known to result in under-reporting particularly when sensitive questions are used.

4.2. Fieldwork Period

The fieldwork was conducted in two phases, namely from November 2006 to December 2006 and from January 2007 to May 2007, spread across all Regional Drug Task Force areas. This was to allow a spread of interviews before and after Christmas 2006. There were no differences in the questionnaires used or in sampling and interviewing techniques used during either period.

4.3. Interviewer Briefings & Instructions

One of the factors most correlated with high response rate is the experience interviewers already have with that particular survey and the extent to which they feel an attachment to it. Prior to conducting the fieldwork, it was agreed to conduct a series of interviewer briefings, to ensure interviewers were fully prepared to conduct the survey and to allow for discussion and dialogue between interviewers, the Ipsos MORI team and the Research Advisory Group.

The meetings included opportunities for discussion, practice sessions, and role-play exercises. Senior members of the study teams led the briefings, which each and every interviewer working on the study attended. In line with EMCDDA guidelines, the briefings were attended by members of the RAG, who were able to give the interviewers the benefit of their specialist expertise.

In addition to the verbal briefings, all interviewers received full written instructions on all aspects of the survey. *A copy of the full instructions for interviewers is outlined in Appendix N.*

A total of four interviewer briefings were held in hotel locations with all interviewers assigned to the survey; two in Dublin, one each in Limerick and Sligo. The briefings lasted between four and a half and five hours, and provided opportunities for discussion and role-play, as well as a thorough run-through on the survey.

The details and attendance at the briefings was as follows;

Date	**Location**	**Fieldwork attendees**
26th September 2006	Dublin	14 interviewers, 2 supervisors
28th September 2006	Sligo	12 interviewers, 1 supervisor
5th October 2006	Limerick	16 interviewers, 1 supervisor
10th October 2006	Dublin	17 interviewers, 4 supervisors

The four sessions all followed the same format and were led by Brenda Boyd, Field Director of Ipsos MORI in Ireland. All Field Office staff who will be working on the study attended at least one briefing session.

Mairéad Lyons, Director of NACD, attended both the Limerick briefing and the second Dublin briefing, while Eddie Arthurs from the Research Advisory Group attended the first Dublin briefing. Also present in Dublin on 10th October were Project Director, Tarik Laher and other members of the Ipsos MORI team.

Interviewing Team

All interviewing was carried out by members of the Ipsos MORI Interviewer Panel who have been trained and work to the standards of the Interviewer Quality Control Scheme (IQCS). Interviewers working on the study were both male and female, across a range of ages but with a higher proportion in the 50+ age category, which is reflective of the profile of market research interviewers nationally. They are recruited on the Ipsos MORI panel via a formal process, involving a written application form, a personal interview, a detailed training session and completion of test interviewing projects.

All Ipsos MORI Interviewers and Recruiters carry Identity Cards issued by the Market Research Society (MRS), which bear the photograph and signature of the interviewer, and are issued only after the signing of a declaration which states that the interviewer has read and agrees to abide by the MRS Code of Conduct. This Identity Card was shown to each respondent before an interview takes place, to

reassure them that the study was genuine. Furthermore, respondents were given a leaflet at the end of the interview which stresses the confidentiality of the process, and provides the telephone number of Ipsos MORI's Field department to call if they had any further queries.

A minimum of 10% of completed interviews are back-checked on all quantitative surveys carried out by Ipsos MORI using a combination of telephone recall or postal check card. This is applied to ensure that the interviewers have conducted the interviews professionally and in line with survey specifications. In general, respondents are asked to comment on, among other things, the duration of the interview, their recollection of their being asked specific questions, being shown interviewer identification and their reaction to both the interview and the interviewer.

Content of Interviewer Briefings

All those attending the briefings had copies of all the documentation that will be used by interviewers during fieldwork, including interviewer instructions, show cards, and examples of contact sheets. All briefings followed a similar format, the content of which is summarised below.

- **Introductions** and the **background to the study**, with input from representatives of the Research Advisory Group.

- Discussion about the previous study and its results, enabling interviewers to appreciate better how the results might be used.

- Full explanation of the **study design** to be employed on the study, with emphasis on the importance of **random sampling** and the need to obtain a **high response rate**.

- Illustration of the **contact sheet**. Advice on averting refusals and how to gain cooperation from the initial contact.

- Discussions around the **selection for interview** of an individual within a household. Use of **Kish grids** and how to administer the **"last birthday rule"**.

- **Working through the survey itself** (with the questionnaire projected on to a screen), with interviewers given the opportunity to go through the questionnaire following different routes, depending on the answers given.

- Demonstration of **progress reporting using e-progress** (an electronic form onto which interviewers can record information from their contact sheets – number and outcome of calls made to addresses on a given day).

- Further opportunity for **practice interviews** as required.

4.4. Field Management

Following the sample selection, Ipsos MORI's Fieldwork Management System was used to control and monitor progress on the study. The process involved was as follows:

- The sample was loaded into the General Management Survey System (GSMS). This was designed specifically to control and manage large scale pre-selected studies such as this.

- The allocation of areas was made to interviewers on a rolling basis to ensure an even spread of interviews by region by week. This ensured that any seasonal variations in results would be evenly spread out across the country.

- Interviewers called at the selected addresses and where contact was established with a member of the household, either the interview was carried out if the selected person was available, or an appointment was made to call back and interview the selected household member. Dates and times of all calls made and their outcomes, (successful interview taken, appointment made, no contact, refusals etc.,) were entered into GSMS by interviewers using e-progress at the end of each interviewing shift. E-progress reports on each contact were uploaded to the server at the time of uploading completed interviews.

- Every day, supervisors and field staff were able to check individual interviewers' progress and monitor success rates, numbers of refusals, un-worked contacts etc.

- As well as the questionnaires, interviewers also filled in **contact sheets** for each address visited, documenting each attempt to contact or interview the selected individual (following the "last birthday rule" methodology as detailed in the Sample Design section). They also established some basic details about them (i.e. type of house). The final outcomes of the attempts to interview the selected respondent were noted, as were any reasons for not taking part.

  Further information on contact sheets is provided in Section 4.8. A copy of the Contact Sheet is provided in Appendix G.

- Contact sheets were kept separate from the questionnaires in order to reassure respondents about confidentiality. However, if needed, it was still possible to link each contact sheet to each completed questionnaire via identification numbers. Contact sheets from each area were returned on an ongoing basis by interviewers in the post. Upon receipt, these contact sheets were edited and validated to ensure that the correct person in the household had been selected for interview. After this quality control procedure had taken place, they were entered into GSMS.

- As questionnaires were completed and contact sheets returned, validation procedures began. Supervisors ensured that a minimum of 10% of all completed questionnaires were validated. There was also a 5% validation of those contact sheets stating that no successful interview could take place because of age of inhabitants or that the address was for vacant or commercial properties. Validation was conducted by telephone or personal visit.

- Each week an interim field report was compiled for each Health Board region showing addresses issued, successful interviews undertaken, pending interviews, refusals etc.

- At the end of each phase of interviewing, a full fieldwork report was compiled showing not only full details of the interviews completed but also the results of all quality control procedures.

- Interviewers had the support of their local regional supervisors who were always available to help them with difficulties in the field or problems of any nature. All supervisors attended the briefings and were kept informed of developments across the whole fieldwork period.

- In addition to the support from supervisors, all interviewers had telephone numbers of all key Field staff and knew that they could call on any member of the Field department for support at any time.

4.5. Enhancing Response Rates

As with any survey of this nature, eliciting a satisfactory response rate presents a variety of challenges. These can include; difficulties in accessing potential respondents at home, due to work etc.; a lack of interest or engagement from respondents; a perceived lack of relevance due to the subject matter; queries regarding the commissioning body; a lack of trust in surveys generally or a lack of credibility in the process; concerns over anonymity and how personal information might be used; lack of time for respondents or an unwillingness to participate due to survey length; inclement weather.

If the interviewer had visited a household which was occupied, there was a number of reasons why an interview may not have been completed at that location. This may have an impact on the accuracy of the sample. During the fieldwork considerable effort was taken to avoid such a situation occurring. Below are some approaches used to enhance the response rate for the survey.

Interviewer Calls

In accordance with EMCDDA guidelines, multiple calls were made to selected addresses. Interviewers were instructed to call up to five times – an initial call, plus four call-backs – at each address, at different times (including evenings) and on different days (including weekends – Saturdays for initial calls and Sundays by prior appointment), to try and ensure they would be able to speak to the potential respondent. In practice, many addresses received significantly more calls, as all non-contacts and "soft refusals" were re-issued to Regional Field Supervisors for further calls.

Trained Interviewers

The effectiveness of interviewers depends, more than anything, on the training they receive – and the encouragement they are offered throughout the fieldwork period. This is especially true for random pre-selected surveys. In this regard, only fully trained interviewers worked on the study. Many of these interviewers had extensive experience of pre-selected survey work.

Help-line

A telephone help-line was set up for interviewers and respondents to handle queries, refusals, and requests for information or appointments from respondents. This helped reassure respondents that this was a genuine survey. A thoroughly briefed member of the support team at Ipsos MORI's offices in Dublin handled the calls. Written procedures outlined the action to be taken in response to different types of calls.

Naming the Client

Research experience indicates that response rates can be significantly enhanced by interviewers being able to name the sponsoring client, and this was especially true for a survey which some respondents might find sensitive or intrusive, such as this. If contacts asked about whom the research was for, the interviewers were able to name the relevant government department (*Department of Community, Rural & Gaeltacht Affairs in Ireland)* as sponsoring the study. This helped provide reassurance and establish the credibility of the survey in the respondent's eyes.

The Promise of Confidentiality

Response rates were also enhanced by providing a visual reassurance of confidentiality to respondents. As a matter of course, respondents in all Ipsos MORI surveys receive a leaflet reassuring them that the research has been conducted within the Code of Conduct of the Market Research Society (MRS). This also provides a lo-call telephone contact number for Ipsos MORI in Dublin.

For this particular study, potential respondents were provided with a letter from the NACD. Interviewers also had copies of the letter written by an Ipsos MORI Director to the Deputy Commissioner, Garda Síochána informing him that the survey was taking place. These letters provided further reassurance that the survey was a bona fide research exercise. This is standard procedure for all face-to-face surveys conducted by reputable research agencies and is designed to prevent undue anxiety on the part of the respondent. *Copies of the letters that were presented to respondents are provided in Appendices H, I, J & K.*

With regard to An Garda Síochána, it was also agreed that Ipsos MORI would provide the list of interviewing areas to the Gardaí on a regular basis. These were sent to Frances Walsh in An Garda Síochána on approximately a monthly basis, via an Excel spreadsheet outlining the areas in which interviews were taking place, with the name of the corresponding interviewer and approximate interviewing dates.

Appointment Cards

Where the selected respondent was not at home, carefully designed appointment cards were left with other members of the household. This card provided brief details of the study and a name and telephone number to call to arrange an interview at a time most convenient to them. This was particularly effective in converting some interviews with busy young professionals and those who work in shift work.

Apartment Complexes

In any apartment complexes where access had to be gained through a gate or entry phone, interviewers were encouraged to make arrangements with caretakers and other staff to gain access to the block. In this way, respondents from these locations were also included in the survey.

Frequently Asked Questions

After discussion at the briefing meetings, it was agreed to prepare a series of answers to *Frequently Asked Questions (FAQs)* in order to provide information to those who may be unfamiliar with the study. *A copy of this FAQ document is provided in Appendix M.*

Monitoring and Supervision

Significant resources were allocated to monitoring progress in the Field, with weekly reports being sent to the dedicated Field Study Manager working on the study.

The "Ipsos MORI" Name

People are more likely to be receptive to an approach from an organisation they are familiar with and trust. As with other studies, interviewers found that the reputation and high profile of Ipsos MORI as a trusted and independent research company also helped encourage responses.

4.6. Number of Contacts

The process of re-contacting a selected household a number of times in order to achieve an interview with the person chosen is critical to the sampling approach, since the random selection of the initial list of addresses is maintained. Inevitably, the number of calls which was necessary to achieve each interview varied. The following table outlines the number of calls required to achieve interviews in each health board area.

Health Region equivalent to RDTFs	Number of Calls			Average
	One to Three Calls (%)	Four to Five Calls (%)	Six or More Calls (%)	
Ireland	**87%**	**10%**	**3%**	**2.0**
ERHA	89%	9%	2%	1.9
Midland RDTF	85%	13%	2%	2.0
Mid Western RDTF	89%	9%	2%	1.9
North Eastern RDTF	83%	14%	4%	2.1
North Western RDTF	89%	11%	1%	2.0
South Eastern RDTF	77%	17%	6%	2.5
Southern RDTF	94%	5%	1%	1.5
Western RDTF	81%	13%	6%	2.3

On average, interviewers attempted to contact respondents twice before a successful interview was conducted. There was variation across the RDTF areas. At one end of the spectrum, interviewers in the Southern RDTF area had the least difficulty, with 94% achieving their interviews within three contacts. In the South East & Western RDTF areas meanwhile, 6% of all interviews required more than six calls to be completed.

4.7. Age & Gender

The following table compares the profile of the sample for the survey with the profile of the target Republic of Ireland adult population as a whole (aged 15 – 64).

	Population	% population	Sample	% sample
Ireland	**2,906,478**	**100.0%**	**4,967**	**100.0%**
Gender				
Male	1,471,032	50.6%	2,027	40.8%
Female	1,436,441	49.4%	2,940	59.2%
Age				
15-24	632,732	21.8%	789	15.9%
25-34	722,439	24.8%	1,200	24.2%
35-44	623,434	21.4%	1,222	24.6%
45-54	521,813	17.9%	921	18.5%
55-64	407,055	14.0%	835	16.8%
Health Board				
ERHA	1,064,100	36.6%	1,532	30.8%
Midland RDTF	167,766	5.8%	401	8.1%
Mid Western RDTF	245,399	8.4%	537	10.8%
North Eastern RDTF	265,873	9.1%	446	9.0%
North Western RDTF	155,033	5.3%	386	7.8%
South Eastern RDTF	307,793	10.6%	440	8.9%
Southern RDTF	422,749	14.5%	682	13.7%
Western RDTF	278,760	9.6%	543	10.9%

From this comparison it is clear that there are discrepancies between the profile of the sample and that of the population generally. In particular, it seems that the under-25 year olds, males and those in the former Eastern Regional Health Authority (ERHA) appear to be under-represented in the survey.

Given that, as the EMCDDA points out, *"no sample frame is perfect and perfect probability sampling does not exist"*, it is perhaps inevitable that there would be some discrepancies. The weighting procedures followed (as outlined in a subsequent section of this report), were aimed at alleviating the impact of any biases arising from the differences between sample and population. The remainder of this section of the report looks at other areas which might have given rise to bias in the results.

4.8. Non-Response

In order to estimate the effects of non-response bias in the achieved sample, the contact sheet was used to record the age, gender and ethnicity of the household of all those who refused to take part. Further, interviewers also coded the external features of households where contact had not been possible. This information was compared with characteristics among the achieved sample to help assess its representativeness.

Age & Gender

The table below outlines the gender and age of those who refused to take part in the survey.

Area	% of Sample	% of Refusals
Male	41%	51%
Female	59%	49%
15-24 years	16%	8%
25-34 years	24%	22%
35-44 years	25%	25%
45-54 years	19%	25%
55-64 years	17%	20%

In terms of gender, it is clear that a higher proportion of males refused to take part in the survey, relative to their proportion of the sample. There was a higher proportion of people in the 45-54 age group among those who refused to take part. At the same time 15-24 year olds made up a smaller proportion of refusals compared to the sample (i.e. 8% vs. 16%). In terms of the sample, however, these discrepancies are greatly reduced after weighting.

Type of House

It was also of critical interest to compare the social makeup of those who refused with the actual sample. By the definition, it was not possible to gather data on the social classification of those who refused to take part, which could be directly compared with the survey results. As a rough measure of the social composition of the sample and of those who refused to take part, the contact sheets also included details on the external characteristics of the homes of all those which they attempted to contact. The following table compares the property types where completed interviews took place and those where potential respondents had refused to take part.

Type of Property	% of Successful	% of Refused
Ireland		
House/bungalow - detached	49.9%	30.4%
House/bungalow - semi-detached	27.8%	44.4%
House/bungalow - mid terrace	12.6%	14.1%
House/bungalow - end terrace	3.4%	4.7%
Purpose built flat. etc, - building fewer than 6 floors	5.2%	4.6%
Purpose built flat. etc, - building 6 or more floors	0.2%	0.2%
Conversion flat/maisonette(s)/shared house	0.5%	0.3%
Other	0.0%	0.0%
TOTAL	100.0	100.0

Those who refused to take part were less likely to live in a detached house than the sample, with half the sample (49.9%) living in detached houses compared to 30.4% of those who refused to participate. On the other hand, those who refused were more likely to live in semi-detached houses in particular, with 27.8% of the sample living in semi-detached houses compared to 44.4% of those who refused to participate.

4.9. Ineligible Contacts in Sample Frame

Refusals, of course, were not the only reason that an interviewer might not achieve an interview at a selected address. Frame errors, where contacts were ineligible for the defined universe (aged 15-64), or where the property was ineligible, vacant, derelict, demolished, not found, or a business, also explained why interviews were not conducted at all addresses. As such, it was important to check that frame errors were evenly distributed by region, as an uneven spread of frame errors may point to bias in the sample. The following table outlines the extent to which frame errors were present in the health board regions. Besides frame errors, they also show breakdowns of the gross sample by:

- Successful interview - persons belonging to the universe who were part of the sampling frame and completed the interview fully.
- Non-response - households that refused to take part during the initial screening interview and respondent selection process, respondents who refused to take part once selected, and properties where wardens etc refused on the contact's behalf, or where no contact could be made after multiple calls. Reasons for non-response (refusals) are detailed in a subsequent table.

Area		Gross Sample	Successful interviews	Non-Response	Frame Errors
TOTAL	n	9643	4967	2710	1966
	%	*100%*	*52%*	*28%*	*20%*
ERHA	n	3448	1532	1075	841
	%	*100%*	*44%*	*31%*	*24%*
M RDTF	n	769	401	230	138
	%	*100%*	*52%*	*30%*	*18%*
MW RDTF	n	841	537	166	138
	%	*100%*	*64%*	*20%*	*16%*
NE RDTF	n	864	446	252	166
	%	*100%*	*52%*	*29%*	*19%*
NW RDTF	n	767	386	220	161
	%	*100%*	*50%*	*29%*	*21%*
SE RDTF	n	930	440	282	208
	%	*100%*	*47%*	*30%*	*22%*
S RDTF	n	1155	682	304	169
	%	*100%*	*59%*	*26%*	*15%*
W RDTF	n	869	543	181	145
	%	*100%*	*62%*	*21%*	*17%*

Frame errors accounted for 20% of the gross sample in Ireland. There was little variation on these figures at health board level, with no more than a five percentage point gap between the proportion of frame errors in any given health board area and overall figure for Ireland.

4.10. Response Rates for Population Survey

For the purpose of this study, it was decided that a target of 5,000 interviews should be completed. A response rate of 65% was anticipated; hence in order to achieve the desired sample size, approximately 7,700 contacts needed to be made.

A final response rate of 64.7% was achieved, with 4,967 responses in total. Details of overall response rates for Ireland, along with rates for health boards, are shown below.

Health Board Region	Gross Sample	Valid Sample*	Response	% Response
Total Ireland	9,643	7,677	**4,967**	65%
ERHA	3,448	2,607	1,532	59%
M RDTF	769	631	401	64%
MW RDTF	841	703	537	76%
NE RDTF	864	698	446	64%
NW RDTF	767	606	386	64%
SE RDTF	930	722	440	61%
SH RDTF	1,155	986	682	69%
W RDTF	869	724	543	75%

**Valid sample = Gross sample – (frame errors + non-valid cases)*

OUTCOME	Outcome Description	ERHA		MHB		MWHB		NEHB		NWHB		SEHB		SHB		WHB		Total	
SUCCESSFUL INTERVIEW	Successful Interview	1532	59%	401	64%	537	76%	446	64%	386	64%	440	61%	682	69%	543	75%	4967	65%
REFUSED	Refused before Respondent Selection	408	16%	62	10%	51	7%	73	10%	51	8%	61	8%	86	9%	51	7%	843	11%
	Refused after Respondent Selection	70	3%	27	4%	26	4%	24	3%	18	3%	46	6%	22	2%	24	3%	257	3%
	Entry to block/scheme refused by warden etc.	1	0%	0		0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%
	Withdrawn by Head Office	1	0%	2	0%	1	0%	0	0%	0	0%	1	0%	0	0%	0	0%	5	0%
NO CONTACT	Occupied, no contact after 5+ calls	379	15%	50	8%	51	7%	69	10%	78	13%	86	12%	127	13%	44	6%	884	12%
	No contact after 4 or more calls with selected respondent	69	3%	27	4%	8	1%	25	4%	17	3%	24	3%	8	1%	9	1%	187	2%
	Occupier in but not answering door after 5+ calls	25	1%	9	1%	2	0%	8	1%	7	1%	22	3%	7	1%	6	1%	86	1%
	Unsure if occupied, no contact after 5+ calls	20	1%	12	2%	9	1%	15	2%	12	2%	15	2%	4	0%	16	2%	103	1%
	No Contact Other	22	1%	14	2%	4	1%	5	1%	26	4%	0	0%	18	2%	1	0%	90	1%
PROPERTY INELIGIBLE	Property vacant	98		48		52		50		47		54		43		47		439	
	Property derelict	33		2		4		3		0		2		4		3		51	
	Property demolished	3		0		1		1		1		0		1		0		7	
	Non-residential property	1		1		0		5		7		6		2		4		26	
	Property not found	33		18		10		7		9		4		22		20		123	
	Unable to access block/scheme/gated apartments	244		5		2		5		4		1		17		4		282	
OTHER	Too ill to participate	8	0%	2	0%	1	0%	3	0%	0	0%	1	0%	6	1%	2	0%	23	0%
	Away during fieldwork	7	0%	2	0%	0	0%	3	0%	1	0%	2	0%	5	1%	1	0%	21	0%
	Household not eligible	429		64		69		95		93		141		80		67		1038	
	Mother Tongue Required	6	0%	13	2%	1	0%	6	1%	4	1%	5	1%	2	0%	5	1%	42	1%
	Other	59	2%	10	2%	12	2%	21	3%	6	1%	19	3%	19	2%	22	3%	168	2%
		3448		769		841		864		767		930		1155		869		9643	
		2607	100%	631	100%	703	100%	698	100%	606	100%	722	100%	986	100%	724	100%	7677	100%

5. Data Processing & Weighting

Note that this section has been prepared by Ipsos MORI. Work conducted by Peter Muhlua is presented in Appendix P.

5.1. Data Processing

As described earlier in this report, the survey data were captured by the interviewers using the Computer Aided Personal Interviewing (CAPI) software package, Quancept. The data from all the interviews were collated together into one database with both numerical data and text from the open-ended questions. The numerical data was exported into the statistical software package **SPSS** *(Statistical Package for the Social Sciences)*. Quancept was able to export both the raw data (numbers) and the labels associated with both the question itself and the answer responses (e.g. a code '1' could indicate the response 'yes' to a particular question, code '2' could indicate a response 'no').

Separately, the text from the open-ended questions was exported into comma delimited files (csv) for editing and coding. Coding involved grouping similar responses and assigning a code to these responses. An appropriate label to describe the code (e.g. 1 = Ketamine) was then applied. Once coding was complete, this data was exported into SPSS as separate variables and checked against the other numeric data. For some questions, a list of pre-defined codes was presented to the interviewer on screen with a code to record any 'other' response.

Responses were recorded in text or numeric form as appropriate. For numeric questions, "don't know" responses were denoted by "8". Where a respondent gave no answer to a question, this was recorded as "9". When questions were not relevant to a respondent's particular circumstances (i.e. they were routed away from them) the cells in the SPSS data file were filled with a "." which is the appropriate 'system missing' value for this data analysis software.

5.2. Weighting

Surveys are carried out to obtain the values of variables in the target population identified for the particular population, in this instance 15-64 year olds who are resident in Ireland. However, it is important to note that the results achieved are only estimators of population values. To take account of sampling and response biases, a process of weighting was carried out to ensure that results more accurately represent the target population.

Typically, when the sample of a survey is in some way not fully representative (because there are too many respondents from group A and not enough from group B), the data can be weighted to more accurately reflect certain characteristics of population distributions. In simple terms, in order to achieve the correct balance, responses are multiplied by a coefficient, which ensures that the answers of under-represented groups (group B) are emphasised and the answers from over-represented groups (group A) are de-emphasised.

For example, the answers of an under-represented group such as males aged 15-24 living in the South Eastern RDTF are emphasised, and the answers from an over-represented group such as females aged 55-64 living in the Mid Western RDTF area are de-emphasised. In this way, the raw data were adjusted to achieve data that more closely represents the overall population.

Weights were prepared to ensure the sample was fully representative by gender, age and health board in Ireland, according to latest census (Ireland 2006). These weighting variables were used as they were reliable, available and they could be used in both Northern Ireland and Ireland. They also facilitated All Ireland weighting of the data. Variables were combined, so within each health board/RDTF persons were classified by age group and gender. The calculation of each individual weight was based on the aim to achieve complete correspondence of the distribution of these characteristics between response and population.

5.3. Calculation of ROI Weights

The sample for the survey was subdivided into cells according to the respondent's age group, gender and RDTF area (i.e. 15-24 year old males in the ERHA region). Weights for each cell were then calculated by firstly establishing the proportion of the overall sample in each cell (the response ratio) and the proportion of the overall population represented by the cell (the population ratio). The weights for each cell could then be calculated by dividing the population ratio by the response ratio. A list of the weights used for Ireland is found in the following table.

Gender	Area	Age	Response	Response Ration (%) {S}	Population	Population Ratio (%)	Weight {W}	Squared Weights[1] {SWW}
TOTAL	TOTAL	TOTAL	4967	100%	2907473	100%		
Male	ERHA	15-24	106	2.13408%	118406	4.07247%	1.908299	0.077715
Male	ERHA	25-34	177	3.56352%	147909	5.08720%	1.427578	0.072624
Male	ERHA	35-44	143	2.87900%	110293	3.79343%	1.317621	0.049983
Male	ERHA	45-54	108	2.17435%	86820	2.98610%	1.373329	0.041009
Male	ERHA	55-64	93	1.87236%	66018	2.27063%	1.212713	0.027536
Male	M RDTF	15-24	33	0.66438%	18559	0.63832%	0.960769	0.006133
Male	M RDTF	25-34	31	0.62412%	20429	0.70264%	1.125807	0.007910
Male	M RDTF	35-44	45	0.90598%	19162	0.65906%	0.727456	0.004794
Male	M RDTF	45-54	31	0.62412%	16279	0.55990%	0.897108	0.005023
Male	M RDTF	55-64	20	0.40266%	11982	0.41211%	1.023476	0.004218
Male	MWRDTF	15-24	37	0.74492%	27950	0.96132%	1.290502	0.012406
Male	MWRDTF	25-34	59	1.18784%	29074	0.99997%	0.841843	0.008418
Male	MWRDTF	35-44	54	1.08718%	26690	0.91798%	0.844371	0.007751
Male	MWRDTF	45-54	36	0.72478%	23463	0.80699%	1.113421	0.008985
Male	MWRDTF	55-64	28	0.56372%	18649	0.64142%	1.137826	0.007298
Male	NERDTF	15-24	31	0.62412%	28356	0.97528%	1.562650	0.015240
Male	NERDTF	25-34	33	0.66438%	33502	1.15227%	1.734344	0.019984
Male	NERDTF	35-44	49	0.98651%	31336	1.07777%	1.092511	0.011775
Male	NERDTF	45-54	30	0.60399%	24434	0.84039%	1.391399	0.011693
Male	NERDTF	55-64	28	0.56372%	18520	0.63698%	1.129956	0.007198
Male	NWRDTF	15-24	29	0.58385%	17077	0.58735%	1.005986	0.005909
Male	NWRDTF	25-34	26	0.52345%	16461	0.56616%	1.081587	0.006124
Male	NWRDTF	35-44	43	0.86571%	16757	0.57634%	0.665743	0.003837
Male	NWRDTF	45-54	39	0.78518%	15170	0.52176%	0.664507	0.003467
Male	NWRDTF	55-64	33	0.66438%	13046	0.44871%	0.675370	0.003030
Male	SERDTF	15-24	23	0.46306%	33175	1.14103%	2.464118	0.028116
Male	SERDTF	25-34	35	0.70465%	35754	1.22973%	1.745159	0.021461
Male	SERDTF	35-44	40	0.80532%	34549	1.18828%	1.475550	0.017534
Male	SERDTF	45-54	31	0.62412%	29583	1.01748%	1.630268	0.016588
Male	SERDTF	55-64	40	0.80532%	23790	0.81824%	1.016045	0.008314
Male	SRDTF	15-24	46	0.92611%	45756	1.57374%	1.699295	0.026742
Male	SRDTF	25-34	55	1.10731%	51008	1.75438%	1.584361	0.027796
Male	SRDTF	35-44	76	1.53010%	46641	1.60418%	1.048414	0.016818
Male	SRDTF	45-54	60	1.20797%	39914	1.37281%	1.136456	0.015601
Male	SRDTF	55-64	65	1.30864%	31873	1.09624%	0.837699	0.009183
Male	WRDTF	15-24	41	0.82545%	31728	1.09126%	1.322018	0.014427
Male	WRDTF	25-34	35	0.70465%	32602	1.12132%	1.591310	0.017844
Male	WRDTF	35-44	41	0.82545%	29821	1.02567%	1.242558	0.012745
Male	WRDTF	45-54	52	1.04691%	26870	0.92417%	0.882760	0.008158
Male	WRDTF	55-64	45	0.90598%	21626	0.74381%	0.820998	0.006107

Gender	Area	Age	Response	Response Ration (%) {S}	Population	Population Ratio (%)	Weight {W}	Squared Weights[1] {SWW}
Female	ERHA	15-24	138	2.77834%	119347	4.10484%	1.477444	0.060647
Female	ERHA	25-34	242	4.87216%	146033	5.02268%	1.030894	0.051778
Female	ERHA	35-44	260	5.23455%	110523	3.80134%	0.726203	0.027605
Female	ERHA	45-54	153	3.08033%	90440	3.11060%	1.009828	0.031412
Female	ERHA	55-64	112	2.25488%	68311	2.34950%	1.041960	0.024481
Female	MRDTF	15-24	35	0.70465%	17326	0.59591%	0.845685	0.005040
Female	MRDTF	25-34	65	1.30864%	19261	0.66247%	0.506225	0.003354
Female	MRDTF	35-44	58	1.16771%	18246	0.62756%	0.537425	0.003373
Female	MRDTF	45-54	49	0.98651%	15098	0.51928%	0.526383	0.002733
Female	MRDTF	55-64	34	0.68452%	11424	0.39292%	0.574008	0.002255
Female	MWRDTF	15-24	45	0.90598%	26457	0.90997%	1.004400	0.009140
Female	MWRDTF	25-34	67	1.34890%	27327	0.93989%	0.696780	0.006549
Female	MWRDTF	35-44	77	1.55023%	25484	0.87650%	0.565399	0.004956
Female	MWRDTF	45-54	66	1.32877%	22220	0.76424%	0.575147	0.004395
Female	MWRDTF	55-64	68	1.36904%	18085	0.62202%	0.454347	0.002826
Female	NERDTF	15-24	31	0.62412%	26710	0.91867%	1.471942	0.013522
Female	NERDTF	25-34	75	1.50997%	32659	1.12328%	0.743909	0.008356
Female	NERDTF	35-44	75	1.50997%	29757	1.02347%	0.677807	0.006937
Female	NERDTF	45-54	50	1.00664%	23081	0.79385%	0.788611	0.006260
Female	NERDTF	55-64	44	0.88585%	17518	0.60252%	0.680159	0.004098
Female	NWRDTF	15-24	37	0.74492%	16178	0.55643%	0.746967	0.004156
Female	NWRDTF	25-34	53	1.06704%	16472	0.56654%	0.530944	0.003008
Female	NWRDTF	35-44	42	0.84558%	16637	0.57222%	0.676712	0.003872
Female	NWRDTF	45-54	43	0.86571%	15045	0.51746%	0.597726	0.003093
Female	NWRDTF	55-64	41	0.82545%	12190	0.41926%	0.507924	0.002130
Female	SERDTF	15-24	44	0.88585%	31316	1.07709%	1.215884	0.013096
Female	SERDTF	25-34	82	1.65090%	34294	1.17951%	0.714468	0.008427
Female	SERDTF	35-44	62	1.24824%	33753	1.16091%	0.930035	0.010797
Female	SERDTF	45-54	44	0.88585%	28635	0.98488%	1.111791	0.010950
Female	SERDTF	55-64	39	0.78518%	22944	0.78914%	1.005039	0.007931
Female	SRDTF	15-24	46	0.92611%	44365	1.52590%	1.647635	0.025141
Female	SRDTF	25-34	92	1.85222%	48586	1.67107%	0.902198	0.015076
Female	SRDTF	35-44	89	1.79183%	44896	1.54416%	0.861779	0.013307
Female	SRDTF	45-54	72	1.44957%	38683	1.33047%	0.917838	0.012212
Female	SRDTF	55-64	81	1.63076%	31027	1.06715%	0.654385	0.006983
Female	WRDTF	15-24	67	1.34890%	30026	1.03272%	0.765599	0.007906
Female	WRDTF	25-34	73	1.46970%	31068	1.06856%	0.727058	0.007769
Female	WRDTF	35-44	68	1.36904%	28889	0.99361%	0.725775	0.007211
Female	WRDTF	45-54	57	1.14757%	26078	0.89693%	0.781588	0.007010
Female	WRDTF	55-64	64	1.28850%	20052	0.68967%	0.535249	0.003691

Design Effect	**1.130979**
Efffective sample size	4392

5.4. Calculation of All Ireland Weights

The Northern Ireland survey of Drug Prevalence had been carried out during the same fieldwork period by the Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency. From the beginning, the goal of both surveys (Northern Ireland and Republic of Ireland survey) was not only to report on the drugs prevalence in their own respective jurisdictions, but to be merged together to provide figures for drug prevalence for the entire island of Ireland.

During the project set-up and at the end of the survey fieldwork period, there were joint meetings with CSU, Ipsos MORI and RAG to discuss technical details of the databases to ensure that they could be merged easily. Ipsos MORI was tasked with the job of joining the two datasets and then calculating the weights to be applied to provide the All Ireland prevalence figures.

The All Ireland Weights were calculated as follows:

The variable 'Wff' was created after weighting the ROI and NI data to their respective population sizes (in thousands).

$$\text{NI weight} = \frac{\text{NI adult population (in thousands)}}{\text{Sample size}} = \frac{1133.069}{2002} = 0.565969$$

$$\text{ROI weight} = \frac{\text{ROI adult population (in thousands)}}{\text{Sample size}} = \frac{2907.473}{4967} = 0.585358$$

When 'Wff' is applied to the data file and a frequency of the variable "sample" is run, it gives us

SURVEY Northern Ireland or Republic of Ireland data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Northern Ireland	1133	28.0	28.0	28.0
	2 Republic of Ireland	2907	72.0	72.0	100.0
	Total	4041	100.0	100.0	

To weight the data back up to the sample sizes we would compute a new weight (WT_ALL) by multiplying the Wff weight by the factor: 6969 / 4041 = 1.72457

When this new weight (WT_ALL) is applied to the data file, the frequency for the variable "sample" is as follows.

SURVEY Northern Ireland or Republic of Ireland data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Northern Ireland	1954	28.0	28.0	28.0
	2 Republic of Ireland	5014	72.0	72.0	100.0
	Total*	6968	100.0	100.0	

** Due to rounding errors, the final frequency total reads 6968.*

6. Statistical Reliability

The respondents to the survey are only a sample of the total "population", so it is not possible to be certain that the figures obtained are exactly those that would have been obtained if everybody had been interviewed (the "true" values). However, the variation between the sample results and the "true" values can be predicted from knowledge of the size of the samples on which the results are based and on the number of times that a particular answer is given. The confidence with which this prediction can be made is usually chosen to be 95% - that is, the chances are 95 in 100 that the "true" value will fall within a specified range.

In addition, the data for this survey are weighted (as outlined above). However, it should be noted that a sample which is weighted is less accurate (i.e. has a larger standard error) than an unweighted sample of the same size. The effect of this weighting, therefore, needs to be taken into account when considering statistical reliability. The formula for calculating the size of the equivalent unweighted sample is pw^2, where p is the proportion of the sample (unweighted) in the various sectors with weighting factors applied, and w is the weight applied to those sectors. The weighting applied to the example data set shown above gives **a design factor of 1.130979** in Ireland, thereby reducing the actual sample size from 4,967 to an effective sample size of 4,392 in Ireland. The same rule applies to sub-groups of the total sample, as the table below demonstrates.

Health Board Region	Design Effect
Ireland	**1.130979**
ERHA	1.070257
MRDTF	1.087101
MWRDTF	1.103689
NERDTF	1.128179
NWRDTF	1.055732
SERDTF	1.132022
SRDTF	1.096693
WRDTF	1.104443

The table below illustrates the predicted ranges for different sample sizes and percentage results at the "95% confidence interval", assuming no design effect.

		Sampling tolerances applicable to results at or near these percentages (based on 95% confidence level)		
Health Board Region	**Sample Size**	**10/90%**	**30/70%**	**50%**
Republic of Ireland				
		±%	±%	±%
Total	**4,967**	0.83	1.27	1.39
ERHA	1,532	1.50	2.30	2.50
MRDTF	401	2.93	4.48	4.89
MWRDTF	537	2.54	3.88	4.23
NERDTF	446	2.80	4.26	4.64
NWRDTF	386	3.01	4.58	4.99
SERDTF	440	2.80	4.28	4.67
SRDTF	682	2.25	3.44	3.75
WRDTF	543	2.52	3.86	4.21

For example, with a total sample size of 4,967 completed interviews, where 50% give a particular answer, the chances are 19 in 20 that the "true" value (which would have been obtained if the whole population had been interviewed) will fall within the range of + 1.39 percentage points from the sample result; in fact the actual result is proportionately more likely to be closer to the centre (50%), than the extremes of the range (51.39 % or 48.61 %).

When the results are compared between separate sub-groups within a sample, different results may be obtained. The difference may be "real," or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is "statistically significant" - it is again necessary to know the total population, the size of the samples, the percentage giving a certain answer, and the degree of confidence chosen. Assuming a "95% confidence interval", the differences between the two sub-sample results must be greater than the values given in the table below:

	Sampling tolerances applicable to results at or near these percentages (based on 95% confidence level)				
Sample size	**10/90%**	**20/80%**	**30/70%**	**40/60%**	**50/50%**
	+/-	+/-	+/-	+/-	+/-
4,967 (Ireland)	0.83	1.11	1.27	1.36	1.39
6,969 (Island of Ireland)	0.70	0.94	1.08	1.15	1.17

Appendices

A. OJEC Notice re Expression of Interest

Expressions of Interest sought for
Tender Population Drug Prevalence
Survey

Background
The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee oversees the delivery of a work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the NACD website www.nacd.ie.

The Drug and Alcohol Information and Research Unit (DAIRU) was established in May 2001 to develop and manage a programme of information and research work in support of the joint implementation of the Northern Ireland Executive's Drug and Alcohol Strategies, building on previous work to support the Drug Strategy alone. DAIRU is located within the Department of Health, Social Services and Public Safety. Further information can be obtained from the DHSSPS website www.dhsspsni.gov.uk/iau.

Commission

The NACD and DAIRU commissioned a Drug Prevalence Survey to establish population prevalence of drug use in Ireland and Northern Ireland in 2002/2003. (Further information on this survey can be obtained from www.nacd.ie. The NACD and DAIRU now wish to commission a repeat of the 2002/2003 Drug Prevalence Survey. The new survey may include Northern Ireland, as well as Ireland (confirmation of all Ireland approach will be available at the request for tender stage.) It is intended that the Drug Prevalence Study fieldwork will be carried out from September 2006 to April 2007 and preliminary analysis in the months following with a first report of national prevalence figures and trends expected by July 2007.

The contractor will be required to follow the relevant guidelines published by the European Monitoring Centre for Drugs and Drug Addiction (www.emcdda.org) and to achieve a minimum population sample of 5,000 in Ireland and possibly also 3,500 in Northern Ireland (to be confirmed). Sampling frame will be using the An Post Geo-directory in Ireland and Valuation and Lands Agency List in Northern Ireland. The survey questionnaire will be provided to the successful contractor(s).

Contracts awarded will give complete ownership of all data (including electronic and manual files) to the NACD and provide for the return of the data by electronic form in SPSS ".sav" format to the NACD. Contractors will be expected to comply with the DATA Protection Act 1988 (as amended) and with the European Communities (Data Protection) Regulations 2001. The contract will be governed by the laws of Ireland. Under the terms of appointment, subcontracting of the services will not be permitted.

Expressions of Interest

In accordance with the EU Directive 2004/18/EC, Article 28 and 29 expressions of interest are invited for the undertaking of the Drug Prevalence Study fieldwork (September 2006 to April 2007) and analysis. Persons wishing to tender for this contract should submit an expression of interest to the address below.

Potential contractors should demonstrate in their expression of interest that they have:

- Capacity to carry out Computer-assisted Personal Interviewing (CAPI) only in Ireland / on an all-island basis, as appropriate. (For the purpose of demonstrating all island capacity, North/South collaborative arrangements are acceptable)
- Capacity to prepare CAPI interview programme immediately on award of contract
- Ability to prepare, clean and validate very large SPSS data files
- Sufficient intellectual capacity with adequate and suitably qualified staff to successfully undertake the project
- Have a track record in this field (large scale social CAPI based research projects).
- Have high level of quality control and quality assurance to research standards, including stringent fieldwork management procedures (please enclose a description), and
- Have adequate financial standing.

Based on short-listing against the above criteria, the NACD intend to invite five to seven contractors to submit a tender at the next stage.

Expressions of interest should be sent to the NACD offices together with 2 copies of recent financial accounts, example of previous relevant work (2 copies), track record, and evidence of capacity (human and technical) to undertake the work, no later than **15.00 Wednesday 1st March 2006**. Please mark your envelope **Ten/popsurvey0607.**

Invitations to tender will be dispatched to selected candidates on **Tuesday 21st March 2006**.

Note that applicants must provide information regarding the experience, qualifications, capacity etc of all those they propose to be involved in the carrying out of the services.

The Secretary

3rd Floor,

Shelbourne House

Shelbourne Road

Ballsbridge,

Dublin 4

Ireland

Tel: 00 353 1 667 0760/765;

Fax 00 353 1 667 0828;

Email: info@nacd.ie; Web: www.nacd.ie

B. Tender Brief

Tender NACD Drug Prevalence Survey 2006/2007

Background

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee oversees the delivery of a work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the NACD website www.nacd.ie.

In Ireland, the measurement of the extent and pattern of drug use in the general population is one of the priorities set out by the NACD in its current work programme (see business plan on http://www.nacd.ie/publications/businessplan.html) and agreed by Government. As the extent and pattern of drug use in the general population is one of the key five indicators produced by the EMCDDA[5] (www.emcdda.org) and adopted by EU Member States, it is imperative that reliable and comparable data is obtained in this regard.

Commission

The NACD now wishes to commission a repeat of the 2002/2003 Drug Prevalence Survey for Ireland (further information on this survey can be obtained from www.nacd.ie).

The Brief

It is essential that the Drug Prevalence Study fieldwork be carried out from September 2006 to April 2007 and preliminary analysis in the months following with a first report of national prevalence figures and trends expected by July 2007 and a second report on trends by health board area in November 2007. This will enable the NACD to make comparisons with the previous survey, identify trends in drug use nationally, across regions and the EU thus meeting commitments to provide the Government and the EMCDDA with the relevant population prevalence information. The proposed survey will be carried out using a pre-prepared questionnaire (draft attached on a confidential basis) and computer assisted, face-to-face interviews (preferred method under EMCDDA guidelines) among those aged 15–64 years. Information on lifetime use, last year and last month use will be just some of the issues explored.

The survey is based on the guidelines produced by the EMCDDA which state as the main aims:

(1) To report prevalence and continuation rates of the most common illicit drugs in the general population by gender and age groups;

(2) To allow cross country assessment of relationships between general patterns of use of illicit and licit drugs;

(3) To allow the assessment of relationships between particular population attributes and the use of illicit drugs.

[5] EMCDDA the European Monitoring Centre for Drugs and Drug Addiction

Potential bidders should refer to the EMCDDA guidelines (www.emcdda.org) on conducting population surveys in relation to drug use and to the Technical Report on the 2002/2003 Drug Prevalence Survey published on the web (http://www.nacd.ie/publications/prevalence_allireland.html) for further information on how the survey should be conducted.

The contractor will be required to achieve a population sample of 5,000 in Ireland. The preferred sampling frame will be using the An Post Geo-directory in Ireland.

Copyright will rest with the NACD. The Contract awarded will give complete ownership of all data (including electronic and manual files) to the NACD and provide for the return of the data by electronic form in SPSS ".sav" format to the NACD. Contractors will be expected to comply with the Data Protection Act 1988 (as amended) and with the European Communities (Data Protection) Regulations 2001. The contract will be governed by the laws of Ireland. Under the terms of appointment, subcontracting of the services will not be permitted.

Selection Criteria

Potential contractors should demonstrate the following in their tender submission:

1. Capacity -

- Capacity to carry out Computer-assisted Personal Interviewing (CAPI) in Ireland
- Capacity to prepare CAPI interview programme immediately on award of contract
- Ability to prepare, clean and validate very large SPSS data files and demonstrate familiarity with SPSS software
- Sufficient intellectual capacity with adequate and suitably qualified staff to successfully undertake the project
- Have a track record in this field (large scale social CAPI based research projects)
- Have high level of quality control and quality assurance to research standards, including stringent fieldwork management procedures (please enclose a description).

2. Survey mode -

The population survey will be conducted by **face-to-face** interview and participants will be interviewed on use of all drug types to include alcohol, tobacco, prescribed medicines and illicit drugs (see Bulletin 2 from the 2003/2003 Drug Prevalence Survey to see full range of drugs reported on in tables one and six) .

3. Sampling frame -

The sample population to be surveyed will be the 15-64 age group and resident in households. Information on lifetime use, last year use and last month use is required. Non-contacts and refusals must be dealt with as per EMCDDA guidelines (see technical report also). Tenderers are expected to describe the sampling design appropriate to this survey and what mechanisms would be used to include interviews with difficult to reach age groups in the tender submission. The sample profile should reflect the population profile.

4. Fieldwork Management -

Tenderers are expected to describe how the fieldwork will be managed and supervised. Any variations in how fieldwork is managed, interviewers are recruited and trained should be stated in the tender and how this might impact on the study. In particular, the controls to be put in place for data protection; how files will be transferred from CAPI instruments to a central database and what procedures are in place to protect the anonymity of the study participants so their responses are not known to anyone outside of the study.

5. Data Protection -

Tenderers must comply with Data Protection legislation. The successful bidder will be expected to demonstrate steps they will take to protect and store the data from corruption, infiltration and technical damage.

6. Data Analysis-

Once the data has been collected a comprehensive analysis must be carried out. The substantive report will include an analysis by drug, by age and by gender in the first instance, then by age, gender and by region (former health board areas and new HSE regions). We expect comparisons to be made between groups together with a commentary on the results. The main findings should be summarised. Please refer to published Bulletins for further information. Weighting of data by age, gender, former health board areas and the new Health Service Executive regions (HSE) in Ireland is required and these weights will be required to be detailed in the Technical Report. The contractor may be required to merge data from a comparable dataset from Northern Ireland to provide all island and North South comparable figures. Any issues which could impact on this process of merging data should be identified in the tender.

7. Cost

The tenderer must set out a details and justification for the costs of implementing this study in Ireland.

The lowest, or any tender will not necessarily be accepted.

Research Advisory Group -

A Research Advisory Group comprising representatives from the NACD & DAIRU (Drug and Alcohol Information and Research Unit) will be appointed to oversee the project and the successful bidder will work closely with the Research Advisory Group. The Research Advisory Group will expect to have some involvement when fieldworkers are briefed on their tasks and targets and during the pilot-testing phase. Progress reports will have to be provided to the Research Advisory Group at various stages of the project during the early implementation phase pre and post pilot, post interviewer briefings and every four weeks of the fieldwork phase confirming that the project is on track. The successful bidder will be expected to flag any potential difficulties or problems early to the Research Advisory Group so that a quick resolution can be achieved.

Technical Report-

The successful bidder will provide a detailed technical report to the Research Advisory Group on completion of the fieldwork and before the analysis begins. Following completion of analysis, technical details must be added to the report such as the number and types of checks controls and cross validation of the data in cleaning and preparing it for analysis. Syntax for check programmes should be provided to the Research Advisory Group. These controls must be applied to the data when it is in SPSS and not in some other software database to eliminate the risk of missing errors. The Research Advisory Group will also carry out cross checks on the data when it is provided in SPSS. A separate complete financial report for the project on completion will also be required before final payment is made to the contractor.

A copy of the NACD contract is attached for your information.

Five copies of the tender together with a signed Freedom of Information Declaration (form attached) and an up-to-date Tax Clearance Certificate should be sent to the NACD offices together with two copies of an example of previous relevant work and include a short CV of those leading and managing this study no later than **15.00 Wednesday 7th June 2006**. Short listing may take place. Interviews will be held on Monday 19th June 2006.

Tenders will not be accepted by email.

Please mark your envelope **Ten-popsurvey06/07.**

The Secretary
3rd Floor,
Shelbourne House
Shelbourne Road
Ballsbridge,
Dublin 4
Ireland

Tel: 00 353 1 667 0760/765;
Fax 00 353 1 667 0828;
Email: info@nacd.ie; Web: www.nacd.ie

C. About Ipsos MORI

The all-Ireland operation of Ipsos MORI was founded in 1987. It provides a full range of qualitative and quantitative research services, the latter using face-to-face, telephone, self-completion and web-based methodologies.

Ipsos MORI embraces both traditional and technologically advanced research methods, which means that it can design the research programme that best meets a client's research objectives.

As part of the Ipsos MORI group, the company has access to a huge amount of specialist expertise and technical support, which ensures it can provide the best service possible to our clients.

With offices in Dublin and Belfast, Ipsos MORI adds value to research with interpretation, recommendations and advice. Ipsos MORI has an extensive and varied client base, incorporating public sector organisations and blue-chip private sector companies.

Ipsos MORI offers the highest quality research services throughout Ireland, and the **only** market research agency accredited with **ISO 9001** and providing fieldwork to **IQCS** standards throughout Ireland in both telephone and face-to-face interviewing.

In addition to the regular quality surveillance visits carried out by external bodies in connection with IQCS, and ISO 9001, Ipsos MORI has its own auditing and quality team, including our own **Customer Service Monitor** which provides feedback from our clients on the standard and quality of service we provide.

Ipsos MORI directors and executive/field staff are members of the Market Research Society, and are therefore subject to the requirements of the **Market Research Society** (MRS) Code of Conduct. This assures all respondents that the information gathered during the course of an interview is confidential and that their opinions and views would remain anonymous.

D. Quality Standards in Fieldwork

Quality is at the heart of the Ipsos MORI business model and we believe it is critical to the accurate and successful completion of all our research projects.

As the Drug Prevalence Study was dealt with completely in-house by Ipsos MORI staff, it ensured quality and accuracy at all stages of the research process – from CAPI set-up through the interviewing process to the reporting stage. As the survey results come under external scrutiny and feed into policy decisions, it was essential that quality assurances were in place to counteract any questioning of the data or the research process and to provide the necessary reassurance in terms of its validity.

Detailed below is the Ipsos MORI commitment to quality control and the practical implications it has on the work practices in place within the company.

Commitment to Quality and Quality Control

Ipsos MORI is fully committed to providing services of the highest quality to our clients. Outstanding and improving quality has always been one of our guiding principles. **All our research operations are governed by the Market Research Society's Code of Conduct.**

In addition, all fieldwork is been carried out to **IQCS (Interviewer Quality Control Scheme) standards** since the companies inception in 1987. The company has been **accredited to ISO 9001 since 1995**, making Ipsos MORI the only market research agency working across the island of Ireland to work to these standards.

In 1996, Ipsos MORI became one of only two full service agencies to achieve **accreditation under MRQSA (Market Research Quality Standards Association)**. This sets out standards for each stage of a market research project and is designed to enable accredited companies to provide a superior service to their clients. It is the only assurance that clients can have that key aspects of the project are being undertaken to externally imposed and audited standards.

Ipsos MORI regards these various standards as minimum requirements and not as goals in their own right.

ISO 20252:20252: 2006 Quality Standard

Ipsos MORI is accredited to the ISO 20252: 2006 Quality Standard – the first company worldwide to be accredited to the ISO's new Market Research specific quality standard. Ipsos MORI has previously held the ISO 9001:2000 and ISO 9001:1994 standards and BS57911 (Market Research Quality Standards Association) standard which our new standard supersedes.

Mandatory checks are made of questionnaires, reports and other research materials to ensure the high quality of all documents. Crucial aspects of project specifications are agreed in writing to alleviate confusion and project management forms enable increased control.

Regular external audits of the system by Management Quality Assurance (MQA) are conducted and improvements, where suitable, are made. As of December 2003 we have been accredited with ISO 9001:2000 and our most recent audit was successfully completed in January 2006.

Fieldforce and Interviewer Quality Control Scheme (IQCS)

All interviewing on this project was carried out by members of the Ipsos MORI Interviewer Panel who have been trained and work to the standards of the Interviewer Quality Control Scheme (IQCS).

IQCS is the only industry scheme which independently audits the fieldwork standards of its member companies and it was devised to professionalise the market research supply industry. It is fully endorsed by the Market Research Society.

From its inception in 1987, Ipsos MORI recognised that any research company is only as good as its people in the field and therefore decided to work to IQCS standards from the beginning and seek membership immediately. The company goes to great lengths to select the right people to become interviewers, give them the right training and continually monitor and assess the quality of their work.

Ipsos MORI became members of IQCS after our first inspection and has followed the same policy ever since. Its membership of IQCS is renewed annually, following independent audits, and Ipsos MORI is currently the only company operating throughout Ireland who are members of IQCS.

Fieldforce Training and Appraisals

All applicants to the Ipsos MORI Fieldforce have a personal interview with a supervisor. They carry out some **trial interviewing** designed to assess the standard of those who claim interviewing experience and to provide practical insight into the difficulties of the job for those who have never interviewed before. Those who wish to continue and are deemed suitable, receive an initial **three days' training, two in-house and one in the field**. The ratio of instructor to recruit is high; a typical training session is one instructor to no more than six trainees in-house, and one to three in the field.

Only after these three full days of training is an Interviewer Identity Card issued and a trainee allowed to work on a *'live'* job. The comprehensive training session covers an explanation of:

1. Different types of market research;
2. Sampling methods;
3. Respondents/interviewer interface;
4. Social classification;
5. Administration and completion of questionnaire;
6. Code of conduct, respondents' rights etc.;
7. Assurance of confidentiality and respondent anonymity;
8. Quality control.

All Ipsos MORI Interviewers and Recruiters carry Identity Cards issued by the Market Research Society (MRS), which bear the photograph and signature of the interviewer, and are issued only after the signing of a declaration which states that the interviewer has read and agrees to abide by the MRS Code of Conduct. This Identity Card is shown to each respondent before an interview takes place, to reassure them that the study is genuine.

Furthermore, respondents are given a leaflet at the end of the interview which stresses the confidentiality of the process, and provides the telephone number of Ipsos MORI's Field department to call if they have any further queries.

A new interviewer is accompanied by his/her regional supervisor on each new type of job worked on. Regular assessment and further training on an ongoing basis means an Ipsos MORI interviewer gains experience in quota sampling, random selection, and other forms of market research fieldwork. This enables us to offer a comprehensive service to clients.

The responsibility for all recruitment and training remains with our Field Director who has many years fieldwork experience and this ensures absolute uniformity in the application of our fieldwork standards.

Fieldwork Quality Control

The success of any survey is entirely dependent on the quality of the data collected by the interviewers. Ipsos MORI takes pride in our quality control procedures and believe that they are second to none. We firmly believe that this service is unrivalled anywhere in terms of quality and commitment.

Fieldwork is carried out by a panel of around 300 fully trained interviewers across Ireland. Ipsos MORI maintains eight regional supervisors who have been personally trained by, and answer directly to, our Field Director in all aspects of quality control. **Ipsos MORI believes that regular accompaniment of interviewers, both highly experienced and newly recruited is vital to the continuation of its high standard of interviewing,** so each interviewer is accompanied at least once in a six-month period by his/her regional supervisor.

An accompaniment lasts a minimum of three hours and the interviewer is assessed on the initial approach made, administration of the questionnaire, accuracy of recording the responses, attitude to the work etc. Feedback and guidance are given as appropriate and documented.

Other appraisals take the form of a discussion between interviewer and field staff where information gathered from validation checks, editing and coding together with feedback from accompaniments and field/staff executives is presented, and supporting documentation is retained. The contact with the Field Department through the local supervisor gives the interviewer a realisation that his/her work is valued which, in turn, creates a more professional approach to the job of interviewing. Ipsos MORI is the only company in Ireland, which appraises interviewers in an ongoing and carefully controlled fashion.

A minimum of 10% of completed interviews are backchecked on all quantitative surveys carried out by Ipsos MORI using a combination of telephone recall or postal check card. This is applied to ensure that the interviewers have conducted the interviews professionally and in line with survey specifications.

In general, respondents are asked to comment on, among other things, the duration of the interview, their recollection of the being asked specific questions, being shown interviewer identification and their reaction to both the interview and the interviewer.

On surveys covering considerable time periods, such as this one, backchecking is a continuous process throughout the fieldwork period, whereby each individual backcheck is carried out within two weeks of the interview. Because of this Ipsos MORI identifies and corrects particular problems. All interviewers on our panel have their work backchecked and are advised of the results.

For the Drug Prevalence survey, there was a need to reassure the respondent that responses would remain confidential, therefore, respondent contact details, which are necessary for this backchecking process, were recorded separately. Additionally, we were less specific with our backchecking questions by just confirming completion of the survey and whether questions about certain topics were asked.

These procedures enabled us to provide detailed information on problems encountered during fieldwork, and our methods for correcting these problems, thus ensuring that potential survey bias was adequately evaluated. It also ensured that any difficulties were identified in good time and swiftly resolved.

E. Questionnaire

ROI 1

UNIQUE ADDRESS CODE					SAMPLE POINT NUMBER					

Republic of Ireland

POPULATION STUDY

2

ROI
POPULATION STUDY

INTRODUCTION
Good morning/afternoon/evening**.** My name is ..... We are conducting a study today about lifestyles such as alcohol, tobacco and drugs, and I'd like to ask you some questions. The interview will last approximately 20 minutes.

IF ASKED: This study is being conducted on behalf of the Department of Community, Rural & Gaeltacht Affairs and the National Advisory Committee on Drugs in the Republic of Ireland.

IF UNSURE/CONCERNED ABOUT CONFIDENTIALITY STATE:
We would like to stress that all information you give in the questionnaire will be treated confidentially. No information about you as an individual, including your name and address, will be passed on to anyone outside this research study. All the details collected are purely for the purpose of research and the information is used purely for statistical purposes.

Tobacco

First of all I'm going to ask a few questions about tobacco.

Q1 Do you smoke tobacco products, such as cigarettes, cigars or a pipe?

Yes	1	GO TO Q.3
No	2	CONTINUE
Don't know	X	
Refused	Y	

Q2 Have you ever smoked tobacco products in the past?

Yes	1	CONTINUE
No	2	GO TO Q9
Don't know	X	
Refused	Y	

Q3 At what age did you smoke tobacco products for the first time?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q4 During the last 12 months have you smoked tobacco products?

Yes	1	CONTINUE
No	2	GO TO Q9
Don't know	X	
Refused	Y	

Q5 During the last 30 days have you smoked tobacco products?

Yes	1	CONTINUE
No	2	GO TO Q9
Don't know	X	
Refused	Y	

Q6 During the last 30 days on how many days have you smoked?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

Q7 What type of tobacco product do you most commonly use?
READ OUT – CODE ONE ONLY

Branded cigarettes	1	CONTINUE
Hand rolled cigarettes	2	
Cigars	3	GO TO Q9
Pipe	4	
Don't know	X	
Refused	Y	

ROI

3

Q8	During the last 30 days how many cigarettes have you smoked on an average day? **READ OUT**	Less than 1 cigarette per week	1
		Less than 1 cigarette per day	2
		1-5 cigarettes per day	3
		6-10 cigarettes per day	4
		11-20 cigarettes per day	5
		More than 20 cigarettes per day	6
		Don't know	X
		Refused	Y

Alcohol

Now I'm going to ask a few questions about alcohol.

Q9	Do you drink alcohol?	Yes	1	GO TO Q.11
		No	2	CONTINUE
		Don't know	X	
		Refused	Y	
Q10	Have you ever drunk alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q16
		Don't know	X	
		Refused	Y	
Q11	At what age did you first drink alcohol?			← **INSERT AGE**
		Don't know	X	
		Refused	Y	
Q12	During the last 12 months, have you drunk any alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q16
		Don't know	X	
		Refused	Y	
Q13	During the last 30 days, have you drunk any alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q16
		Don't know	X	
		Refused	Y	
Q14	During the last 30 days, on how many days have you drunk alcohol?			← **INSERT FIGURE**
		Don't know	X	
		Refused	Y	

SHOW CARD 15

Q15	How often do you drink six standard alcoholic drinks or more on the same occasion? **READ OUT**	Daily or almost daily	1
		2/3 times a week	2
		Every week	3
		2/3 times a month	4
		Every month	5
		Less often than every month	6
		Never	7
		Don't know	X
		Refused	Y

ROI

4

Now I'm going to ask a few questions about drugs that are sometimes used as medicines.

SHOW CARD 16

Q16 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Show card 16 again.
Interviewer to read out:
"All of the drugs listed on this card are names for sedatives or tranquilisers".

Q17 Do you personally know people who take sedatives or tranquillisers?

Yes	1
No	2
Don't know	X
Refused	Y

Q18 Have you ever taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q19 At what age did you first take sedatives or tranquillisers?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q20 During the last 12 months have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q21 During the last 30 days have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q22 During the last 30 days, on how many days have you taken sedatives or tranquillisers?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

SHOW CARD 23

Q23 What method do you most commonly use to take sedatives or tranquillisers?
Just call me out the number from the card
CODE ONE ONLY

Oral (Tablets or Syrup)	1
Injection with a needle	2
Other (specify) _____	3
Don't know	X
Refused	Y

ROI

5

SHOW CARD 24

Q24 On the last occasion you took sedatives or tranquillisers how had you obtained them? **Just call me out the number from the card CODE ONE ONLY**

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)	5
Refused	Y
Don't know	X

SHOW CARD 25

Q25 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Show card 25 again.
Interviewer to read out:
"All of the drugs listed on this card are names for anti-depressants".

Q26 Do you personally know people who take anti-depressants?

Yes	1
No	2
Don't know	X
Refused	Y

Q27 Have you ever taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q28 At what age did you first take anti-depressants?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q29 During the last 12 months have you taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q30 During the last 30 days have you taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q31 During the last 30 days, on how many days have you taken anti-depressants?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

ROI

6

SHOW CARD 32

Q32 What method do you most commonly use to take anti-depressants? **Just call me out the number from the card CODE ONE ONLY**

Oral (Tablets or Syrup)	1
Injection with a needle	2
Other (specify) _____	3
Don't know	4
Refused	Y
Don't know	X

SHOW CARD 33

Q33 On the last occasion you took anti-depressants how had you obtained them? **Just call me out the number from the card CODE ONE ONLY**

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)	5
Refused	Y
Don't know	X

Now I'm going to ask a few questions about other drugs.

SHOW CARD 34

Q34 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q45
Don't know	X	
Refused	Y	

Show card 34 again.
Interviewer to read out:
"All of the drugs listed on this card are names for cannabis".

Q35 Do you personally know people who take cannabis?

Yes	1
No	2
Don't know	X
Refused	Y

Q36 Have you ever taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q38
Don't know	X	
Refused	Y	

Q37 At what age did you first take cannabis?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 38

Q38 How many times have you been offered cannabis either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q36 GO TO Q45**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

ROI 7

Q39 During the last 12 months have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q45
Don't know	X	
Refused	Y	

Q40 During the last 30 days have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q45
Don't know	X	
Refused	Y	

Q41 During the last 30 days, on how many days have you taken cannabis?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 42

Q42 What type of cannabis do you most commonly use?
Just call me out the number from the card
CODE ONE ONLY

Grass	1	CONTINUE
Weed	2	CONTINUE
Skunk	3	CONTINUE
Hash Oil	4	GO TO Q44
Herb	5	CONTINUE
Hash	6	GO TO Q44
Resin	7	GO TO Q44
Other (specify)_____	8	GO TO Q44
Don't know	X	GO TO Q44
Refused	Y	GO TO Q44

Q43 Is it Irish grown?
CODE ONE ONLY

Yes	1
No	2
Don't know	X
Refused	Y

SHOW CARD 44

Q44 What method do you most commonly use to take cannabis?
Just call me out the number from the card
CODE ONE ONLY

Joint	1
Pipe	2
Bong	3
Eat	4
Other (specify) _____	5
Don't know	X
Refused	Y

SHOW CARD 45

Q45 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q53
Don't know	X	
Refused	Y	

ROI

8

Show card 45 again.
Interviewer to read out:
"All of the drugs listed on this card are names for ecstasy".

Q46 Do you personally know people who take ecstasy?

Yes	1
No	2
Don't know	X
Refused	Y

Q47 Have you ever taken ecstasy?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q49
Refused	Y	

Q48 At what age did you first take ecstasy?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 49

Q49 How many times have you been offered ecstasy either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q47 GO TO Q53**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q50 During the last 12 months have you taken ecstasy?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q53
Refused	Y	

Q51 During the last 30 days have you taken ecstasy?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q53
Refused	Y	

Q52 During the last 30 days, on how many days have you taken ecstasy?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

SHOW CARD 53

Q53 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q62
Refused	Y	

ROI

9

Show card 53 again.
Interviewer to read out:
"All of the drugs listed on this card are names for amphetamines".

Q54 Do you personally know people who take amphetamines?

Yes	1
No	2
Don't know	X
Refused	Y

Q55 Have you ever taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q57
Don't know	X	
Refused	Y	

Q56 At what age did you first take amphetamines?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 57

Q57 How many times have you been offered amphetamines either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q55 GO TO Q62**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q58 During the last 12 months have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q62
Don't know	X	
Refused	Y	

Q59 During the last 30 days have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q62
Don't know	X	
Refused	Y	

Q60 During the last 30 days, on how many days have you taken amphetamines?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

Question 61 removed

SHOW CARD 62

Q62 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

ROI

10

Show card 62 again.
Interviewer to read out:
"All of the drugs listed on this card are names for crack".

Q63 Do you personally know people who take crack?

Yes	1
No	2
Don't know	X
Refused	Y

Q64 Have you ever taken crack?

Yes	1	CONTINUE
No	2	GO TO Q66
Don't know	X	
Refused	Y	

Q65 At what age did you first take crack?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 66

Q66 How many times have you been offered crack either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED NO TO Q64 GO TO Q70

Q67 During the last 12 months have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

Q68 During the last 30 days have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

Q69 During the last 30 days, on how many days have you taken crack?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 70

Q70 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q79
Don't know	X	
Refused	Y	

ROI

11

Show card 70 again.
Interviewer to read out:
"All of the drugs listed on this card are names for cocaine".

Q71 Do you personally know people who take cocaine?

Yes	1
No	2
Don't know	X
Refused	Y

Q72 Have you ever taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q74
Don't know	X	
Refused	Y	

Q73 At what age did you first take cocaine?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 74

Q74 How many times have you been offered cocaine either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q72 GO TO Q79**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q75 During the last 12 months have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q79
Don't know	X	
Refused	Y	

Q76 During the last 30 days have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q79
Don't know	X	
Refused	Y	

Q77 During the last 30 days, on how many days have you taken cocaine?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 78

Q78 What method do you most commonly use to take cocaine? **Just call me out the number from the card – CODE ONE ONLY**

Doing a line/Snort	1
Injection with a needle	2
Smoke	3
Other (specify)_____	4
Don't know	X
Refused	Y

ROI

12

SHOW CARD 79

Q79 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Show card 79 again.
Interviewer to read out:
"All of the drugs listed on this card are names for heroin".

Q80 Do you personally know people who take heroin?

Yes	1
No	2
Don't know	X
Refused	Y

Q81 Have you ever taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q83
Refused	Y	

Q82 At what age did you first take heroin?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 83

Q83 How many times have you been offered heroin either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q81 GO TO Q88**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q84 During the last 12 months have you taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Q85 During the last 30 days have you taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Q86 During the last 30 days, on how many days have you taken heroin?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

ROI

13

SHOW CARD 87

Q87 What method do you most commonly use to take heroin? **Just call me out the number from the card – CODE ONE ONLY**

Smoke	1
Injection with a needle	2
'Chasing the dragon'	3
Other (specify)_____	4
Don't know	X
Refused	Y

SHOW CARD 88

Q88 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

Show card 88 again.
Interviewer to read out:
"All of the drugs listed on this card are names for LSD".

Q89 Do you personally know people who take LSD?

Yes	1
No	2
Don't know	X
Refused	Y

Q90 Have you ever taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q92
Refused	Y	

Q91 At what age did you first take LSD?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 92

Q92 How many times have you been offered LSD either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q90 GO TO Q96**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q93 During the last 12 months have you taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

Q94 During the last 30 days have you taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

ROI 14

Q95 During the last 30 days, on how many days have you taken LSD?

	← INSERT FIGURE
Don't know	X
Refused	Y

SHOW CARD 96

Q96 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Show card 96 again.
Interviewer to read out:
"All of the things listed on this card are names for solvents".

Q97 Do you personally know people who take solvents?

Yes	1
No	2
Don't know	X
Refused	Y

Q98 Have you ever taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q100
Refused	Y	

Q99 At what age did you first take solvents?

	← INSERT AGE
Don't know	X
Refused	Y

SHOW CARD 100

Q100 How many times have you been offered solvents either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED NO TO Q98 GO TO Q104

Q101 During the last 12 months have you taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Q102 During the last 30 days have you taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Q103 During the last 30 days, on how many days have you taken solvents?

	← INSERT FIGURE
Don't know	X
Refused	Y

ROI

15

SHOW CARD 104

Q104 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Show card 104 again.
Interviewer to read out:
"All of the drugs listed on this card are names for poppers".

Q105 Do you personally know people who take poppers?

Yes	1
No	2
Don't know	X
Refused	Y

Q106 Have you ever taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q108
Refused	Y	

Q107 At what age did you first take poppers?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 108

Q108 How many times have you been offered poppers either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q106 GO TO Q112**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q109 During the last 12 months have you taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Q110 During the last 30 days have you taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Q111 During the last 30 days, on how many days have you taken poppers?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

ROI

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SHOW CARD 112

Q112 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Show card 112 again.
Interviewer to read out:
"All of the drugs listed on this card are names for magic mushrooms".

Q113 Do you personally know people who take magic mushrooms?

Yes	1
No	2
Don't know	X
Refused	Y

Q114 Have you ever taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q116
Refused	Y	

Q115 At what age did you first take magic mushrooms?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 116

Q116 How many times have you been offered magic mushrooms either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

None	1	**ALL WHO ANSWERED NO TO Q114 GO TO Q121**
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	

Q117 During the last 12 months have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Q118 During the last 30 days have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Q119 During the last 30 days, on how many days have you taken magic mushrooms?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

ROI

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SHOW CARD 120

Q120 On the last occasion you took magic mushrooms how had you obtained them? **Just call me out the number from the card CODE ONE ONLY**

I picked them myself	1
I got them from someone I know	2
I bought them off the internet	3
I bought them in a shop/market	4
Other (specify)_____	5
Refused	Y
Don't know	X

SHOW CARD 121

Q121 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q129
Refused	Y	

Show card 121 again.
Interviewer to read out:
"All of the drugs listed on this card are names for methadone".

Q122 Do you personally know people who take methadone?

Yes	1
No	2
Don't know	X
Refused	Y

Q123 Have you ever taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q129
Refused	Y	

Q124 At what age did you first take methadone?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q125 During the last 12 months have you taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q129
Refused	Y	

Q126 During the last 30 days have you taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q129
Refused	Y	

Q127 During the last 30 days, on how many days have you taken methadone?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

ROI

SHOW CARD 128

Q128 On the last occasion you took methadone how had you obtained it? **Just call me out the number from the card CODE ONE ONLY**

I got it on a prescription	1
I got it from someone I know	2
I bought it without a prescription in a chemist	3
I bought it over the internet	4
Other (specify)_____	5
Refused	Y
Don't know	X

NOTE TO INTERVIEWER: Q129-Q137 NOT APPLICABLE TO ROI QUESTIONNAIRE

I would now like to ask you about other opiates excluding heroin and methadone, which I have previously asked about.

SHOW CARD 138

Q138 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Show card 138 again.
Interviewer to read out:
"All of the drugs listed on this card are names for other opiates excluding heroin and methadone".

Q139 Do you personally know people who take other opiates?

Yes	1
No	2
Don't know	X
Refused	Y

Q140 Have you ever taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q141 At what age did you first take other opiates?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q142 During the last 12 months have you taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q143 During the last 30 days have you taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q144 During the last 30 days, on how many days have you taken other opiates?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

ROI

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SHOW CARD 145

Q145 On the last occasion you took other opiates how had you obtained them? **Just call me out the number from the card CODE ONE ONLY**

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)_____	5
Refused	Y
Don't know	X

SHOW CARD 146

Q146 Have you ever heard of any of these .....? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Show card 146 again.
Interviewer to read out:
"All of the drugs listed on this card are names for anabolic steroids".

Q147 Do you personally know people who take anabolic steroids?

Yes	1
No	2
Don't know	X
Refused	Y

Q148 Have you ever taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q149 At what age did you first take anabolic steroids?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q150 During the last 12 months have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q151 During the last 30 days have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q152 During the last 30 days, on how many days have you taken anabolic steroids?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

ROI 20

SHOW CARD 153

Q153 On the last occasion you took anabolic steroids how had you obtained them? **Just call me out the number from the card**
CODE ONE ONLY

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)_____	5
Refused	Y
Don't know	X

I'd like to ask you for your opinions on different matters relating to drugs.

SHOW CARD 154

Q154 Do you perceive a drug addict more as a criminal or more as a patient?

More as a criminal	1
More as a patient	2
Neither a criminal nor a patient	3
Both a criminal and a patient	4
Don't know, cannot decide	X
Refused	Y

SHOW CARD 155

Q155 To what extent do you agree with the following statements ....

READ OUT IN TURN ↓	Fully agree	Largely agree	Neither	Largely disagree	Fully disagree	Don't know	Refused
"People should be permitted to take cannabis for medical reasons"	1	2	3	4	5	X	Y
"People should be permitted to take cannabis for recreational reasons"	1	2	3	4	5	X	Y
"People should be permitted to take heroin"	1	2	3	4	5	X	Y

SHOW CARD 156

Q156 Individuals differ in whether or not they disapprove of people doing certain things. I will mention a few things, which some people might do. Can you tell me if you would not disapprove, disapprove or strongly disapprove when people do any of these things?

READ OUT IN TURN ↓	Do not disapprove	Disapprove	Strongly disapprove	Don't know	Refused
Trying ecstasy once or twice	1	2	3	X	Y
Trying heroin once or twice	1	2	3	X	Y
Smoking 10 cigarettes a day	1	2	3	X	Y
Having one or two drinks several times a week	1	2	3	X	Y
Smoking cannabis occasionally	1	2	3	X	Y

ROI

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SHOW CARD 157

Q157 Now I would like to know how much do you think that people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things some people might do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk, if people do such things.

READ OUT IN TURN ↓	**No risk**	**Slight risk**	**Moderate risk**	**Great risk**	**Don't know**	**Refused**
Smoke one or more packs of cigarettes a day	1	2	3	4	X	Y
Have five or more drinks at the weekend	1	2	3	4	X	Y
Smoke cannabis regularly	1	2	3	4	X	Y
Try ecstasy once or twice	1	2	3	4	X	Y
Try cocaine or crack once or twice	1	2	3	4	X	Y

Read out to all who are asked any question from Q158 to Q180.
"I'd like to ask you a few more questions about some of the substances you said earlier that you had used".

ASK ALL WHO DRINK ALCOHOL AT Q9 OR HAVE EVER DRUNK ALCOHOL AT Q10

Q158 Earlier in the study you stated that you have drunk alcohol, have you ever drunk alcohol regularly?

Yes	1	CONTINUE
No	2	GO TO Q160
Don't know	X	
Refused	Y	

Q159 Earlier in the study you stated the age when you first drank alcohol, can you tell us at what age you first drank alcohol regularly?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

ASK ALL WHO HAVE EVER TAKEN CANNABIS AT Q36

Q160 Earlier in the study you stated that you have taken cannabis, have you ever taken cannabis regularly?

Yes	1	CONTINUE
No	2	GO TO Q164
Don't know	X	
Refused	Y	

Q161 Earlier in the study you stated the age when you first took cannabis, can you tell us at what age did you first take cannabis regularly?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 162

Q162 Have you ever tried to stop taking cannabis?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	CONTINUE
No	3	GO TO Q164
Don't know	X	
Refused	Y	

ROI

SHOW CARD 163

Q163 What was the main reason for stopping/trying to stop taking cannabis?
Just call me out the number from the card – CODE ONE ONLY

Cost/could no longer afford it	1	Put on rehabilitation programme	8
Persuaded by friends/family	2	Did not want to take anymore	9
Impact on job/friends/family	3	Did not enjoy after effects	10
No longer part of social life	4	The pros of taking did not outweigh the cons	11
Concern about health/health reasons	5	Other (specify) _____	12
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y

ASK ALL WHO HAVE EVER TAKEN ECSTASY AT Q47

Q164 Earlier in the study you stated that you have taken ecstasy, have you ever taken ecstasy regularly?

Yes	1	CONTINUE
No	2	GO TO Q168
Don't know	X	
Refused	Y	

Q165 Earlier in the study you stated the age when you first took ecstasy, can you tell us at what age did you first take ecstasy regularly?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

SHOW CARD 166

Q166 Have you ever tried to stop taking ecstasy?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	CONTINUE
No	3	GO TO Q168
Don't know	X	
Refused	Y	

SHOW CARD 167

Q167 What was the main reason for stopping/trying to stop taking ecstasy?
Just call me out the number from the card – CODE ONE ONLY

Cost/could no longer afford it	1	Put on rehabilitation programme	8
Persuaded by friends/family	2	Did not want to take anymore	9
Impact on job/friends/family	3	Did not enjoy after effects	10
No longer part of social life	4	The pros of taking did not outweigh the cons	11
Concern about health/health reasons	5	Other (specify) _____	12
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y

ASK ALL WHO HAVE EVER TAKEN COCAINE AT Q72

Q168 Earlier in the study you stated that you have taken cocaine, have you ever taken cocaine regularly?

Yes	1	CONTINUE
No	2	GO TO Q172
Don't know	X	
Refused	Y	

Q169 Earlier in the study you stated the age when you first took cocaine, can you tell us at what age did you first take cocaine regularly?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

ROI 23

SHOW CARD 170

Q170 Have you ever tried to stop taking cocaine?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	CONTINUE
No	3	GO TO Q172
Don't know	X	
Refused	Y	

SHOW CARD 171

Q171 What was the main reason for stopping/trying to stop taking cocaine?
Just call me out the number from the card – CODE ONE ONLY

Cost/Could no longer afford it	1	Put on rehabilitation programme	8
Persuaded by friends/family	2	Did not want to take anymore	9
Impact on job/friends/family	3	Did not enjoy after effects	10
No longer part of social life	4	The pros of taking did not outweigh the cons	11
Concern about health/health reasons	5	Other (specify) _____	12
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y

ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN THE LAST 12 MONTHS

SHOW CARD 172

Q172 How did you get the cannabis on the last occasion you used it? **Just call me out the number from the card CODE ONE ONLY**

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Refused	Y
Don't know	X

ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN LAST 12 MONTHS

SHOW CARD 173

Q173 In which of the following places did you obtain the cannabis on the last occasion you used it? **Just call me out the number from the card CODE ONE ONLY**

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other (specify)_____	9
Don't know	X
Refused	Y

ROI

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ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN LAST 12 MONTHS

SHOW CARD 174

Q174 How easy or difficult is it to obtain cannabis in a 24 hour period?
Just call me out the number from the card

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN THE LAST 12 MONTHS

SHOW CARD 175

Q175 How did you get the ecstasy on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Refused	Y
Don't know	X

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN THE LAST 12 MONTHS

SHOW CARD 176

Q176 In which of the following places did you obtain the ecstasy on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other(specify)_____	9
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN LAST 12 MONTHS

SHOW CARD 177

Q177 How easy or difficult is it to obtain ecstasy in a 24 hour period?
Just call me out the number from the card

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

ROI

25

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN LAST 12 MONTHS

SHOW CARD 178

Q178 How did you get the cocaine on the last occasion you used it? **Just call me out the number from the card** **CODE ONE ONLY**

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Refused	Y
Don't know	X

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN THE LAST 12 MONTHS

SHOW CARD 179

Q179 In which of the following places did you obtain the cocaine on the last occasion you used it? **Just call me out the number from the card** **CODE ONE ONLY**

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other (specify)_____	9
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN LAST 12 MONTHS

SHOW CARD 180

Q180 How easy or difficult is it to obtain cocaine in a 24 hour period? **Just call me out the number from the card**

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

ASK ALL

Q181 Have you taken any other illegal or illicit drug(s) not already mentioned in this study?

Yes	1	CONTINUE
No	2	END
Don't know	X	
Refused	Y	

IF YES ASK:

Q182 What is the name of the drug(s) that you took?

Don't know	X	Refused	Y

ROI 26

THANK RESPONDENT

WHEN COLLECTING DEMOGRAPHICS AND TAKING CONTACT DETAILS STATE:

Your name, address and telephone number are taken for quality control purposes ONLY, i.e. you may get a phone call or a letter from ..... to check that the interviewer has carried out your interview according to instructions"

REPEAT CONFIDENTIALITY REASSURANCE IF CONCERNED ABOUT CONFIDENTIALITY

ROI 27

O.U.O _____ **Job No:** _____

CLASSIFICATION

C1a Can you please tell me your date of birth?
Record exact date, month and year.
Add refused and don't know code

C.1b What was your age last birthday?

STATE EXACT AGE AND CODE:			
15– 16	1	31 - 34	5
17 - 19	2	35 - 40	6
20 - 24	3	41 – 54	7
25 - 30	4	55 - 64	8
		Refused	Y
		Don't know	X

SHOW CARD C2
C.2 Which of these describes you?

Single (never married)	1	Divorced	5
Married	2	Widowed	6
Co-habiting	3	Refused	Y
Separated	4	Don't know	X

C.3 Please circle one of the following:

Male	1
Female	2

SHOW CARD C4
C.4 To which one of the following groups do you consider you belong? Just call me out the number from this card if you prefer. CODE ONE ONLY.

White	Irish	1
	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify)_____	5
Black or Black Irish	African	6
	Any other black background (specify_____)	7
Asian or Asian Irish	Chinese	8
	Any other Asian background (specify_____)	9
Other including mixed background	Specify_____	10
Do not wish to answer this question		Y
Don't know		X

C.5a Is your home owned or rented? PROBE

Owned outright	1
Owned with a mortgage	2
Rented from a private landlord	3
Rented from a local authority	4
Rented from a housing association	5
Part owned/Part rented	6
Other (***Specify***) _____	7
Don't know	X
Refused	Y

C.5b How many children, including children aged 16-18 in full time education, are dependent on you?

0	1	2	3	4	5	6	7	8	9+
Refused				Y	Don't know				X

C.5c What is the age of your youngest dependent child? STATE EXACT AGE

Refused	Y	Don't know	X

C.5d In this household, do you care for an adult who requires substantial assistance with the activities of daily life?

Yes	1	No	2
Refused	Y	Don't know	X

SHOW CARD C6
C.6a Which of these best describes you? Just call me out the number from this card if you prefer.

In Paid Job	Self-employed	1
	Working full-time 30 hrs+/week	2
	Working part time	3
No Paid Job	Seeking work for the first time	4
	Unemployed (having lost/given up job)	5
	Home (domestic) duties	6
	Unable to work due to permanent illness/disability	7
	Not working (seeking work)	8
	Not working (not seeking work)	9
	On Government training/education scheme	10
	On Government employment scheme (CE, job options etc)	11
	Retired	12
	Student	13
	Other (Specify) _____	14
	Refused	Y
	Don't know	X

C.6b IF NOT IN PAID JOB: Have you ever had a paid job?

Yes	1	No	2
Refused	Y	Don't know	X

ROI

ASK ALL
SHOW CARD 6C
C.6c Which, if any, of the following benefits/allowances are you currently in receipt of?

Unemployment benefit	1
Unemployment assistance	2
One parent payment	3
Disability benefit	4
Disability allowance	5
Invalidity pension	6
Carer's allowance	7
Family income supplement	8
Widow/widowers pension	9
Other(Specify)_____	10
None of these	11
Refused	Y
Don't know	X

C.7 Which member of your household would you say is the CHIEF INCOME EARNER (CIE) that is the person with the largest income, whether from employment, pensions, state benefits, investments or any other sources? **(If equal income is claimed for two people, classify the elder as the C.I.E.)**

Self	A	Go to C.9
Other (**WRITE IN**)	B	Go to C.8
Refused	Y	Go to C.8
Don't know	X	Go to C.8

C.8 Is ..... related to you?

Yes	A
No	B
Refused	Y
Don't know	X

ASK ALL

C.9 Employment Status of C.I.E: Does the C.I.E. have a paid job full-time or part-time?

Yes	A	Go to C.11
No	B	Go to C.10
Refused	Y	Go to C.10
Don't know	X	Go to C.10

SHOW CARD C10

C.10 Looking at this card, please tell me the statement that best describes the C.I.E. Just read out the letter of one that best applies.

A-Retired, gets pension from previous job	A	**Go to C.11**
B-Unemployed less than 2 mths	B	
C-Sick, still receiving pay or statutory pay from job	C	
D-Widowed, receiving pension from spouse's previous job	D	**Go to C11 - Ask occupation details of spouse**
E-Divorced/separated, receiving maintenance	E	
F-Full-time student	F	**Go to C.12 Code SG - C1**
G-Not working, private means	G	**Go to C.12 - Assess SG**
H-Unemployed - longer than 2mths	H	**Go to C. 12 Code SG - E**
I-Sick - only receiving Income Support or Invalidity Benefit	I	
J-Receiving State Pension only	J	
Refused	Y	**Go to C.11**
Don't know	X	**Go to C.11**

C.11 Employment Status of C.I.E.:

What type of firm/organisation does/did (C.I.E.) work for?
WRITE IN: _____

Refused	Y	Don't know	X

What job does/did ..... do?
WRITE IN: _____

Refused	Y	Don't know	X

Does/Did ..... have any position/rank/grade in the organisation (ie., responsible for the work of other people)?

Yes	A	No	B
Refused	Y	Don't know	X

PROMPT AS APPROPRIATE (*Foreman, Sergeant, Office Manager, Executive, Officer etc.)*
IF YES,WRITE IN:
_____

Refused	Y	Don't know	X

AND ASK: How many people is/was ..... responsible for? ☐

Refused	Y	Don't know	X

Does ..... have any qualifications?

Yes	A	**No**	B
Refused	Y	Don't know	X

PROMPT AS APPROPRIATE: ***Apprenticeship, professional qualifications, University degree)***
WRITE IN: _____

Refused	Y	Don't know	X

ROI

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IF FARMER ASK: How many acres/hectares does/did CIE farm? ____

Refused	Y	Don't know	X

C.12 Assess Social Grade:

A	1	D	5
B	2	E	6
C1	3	Refused	Y
C2	4	Don't know	X

SHOW CARD C13 AND READ OUT

C.13 A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. On the basis of this definition, do you regard yourself as being disabled?

Yes	1	No	2	DK	X
Refused	Y				

SHOW CARD C14

C.14 What is the highest level of education that you have completed, was it ...?

No formal education	1
Primary education	2
Second level	3
Lower secondary *(Junior/Intermediate/Group Certificate, 'O' levels/GCSEs, NCVA Foundation Certificate, basic Skills Training Certificate or equivalent)*	4
Upper secondary *Leaving certificate, (including Applied and Vocational Programmes), 'A' Levels NCVA Level 1 Certificate or equivalent)*	5
Third level Non degree qualification *(National Certificate, Diploma NCEA/Institute of Technology or equivalent)*	6
Primary degree *(Third level bachelor degree)*	7
Professional qualification (*of degree status at least*)	8
Both a degree and a professional qualification	9
Postgraduate certificate or diplomas	10
Postgraduate degree or masters	11
Doctorate (PhD)	12
Refused	Y
Don't know	X

C.15 Have you ceased your full time education?

Yes	1
No	2
Refused	Y
Don't know	X
If Yes – At what age?	
Refused	Y
Don't know	X

C.16 Interviewer to complete

Carlow	1	Clare	18
Dublin City	2	Kerry	19
South Dublin	3	Limerick City	20
Dublin Fingal	4	Limerick County	21
Dun Laoghaire	5	Tipperary NR	22
Kildare	6	Tipperary SR	23
Kilkenny	7	Waterford City	24
Laois	8	Waterford County	25
Longford	9	Galway City	26
Louth	10	Galway County	27
Meath	11	Leitrim	28
Offaly	12	Mayo	29
Westmeath	13	Roscommon	30
Wexford	14	Sligo	31
Wicklow	15	Cavan	32
Cork City	16	Donegal	33
Cork County	17	Monaghan	34

C.17 Interviewer to code

ROI	1
NI	2

I certify that this interview has been Carried out strictly in accordance with your instructions and within the Code of Conduct of the MRS.

Intv. Sign:			
Intv. No:			
Date of Interview			

IF AGED 15 SAY TO PARENT/RESPONSIBLE ADULT:

Under the rules of the Market Research Society we are not allowed to ask children any questions without an adult's permission. May I have your permission to interview your child about lifestyles, such as alcohol, tobacco and drugs? I will explain that he/she does not have to answer any question that he/she doesn't want to.

IF NECESSARY: We need to interview 15 year olds because it is important to understand changes to lifestyles over time

ROI 30

REASSURE AS NECESSARY WITH REGARDS TO CONFIDENTIALITY, FOR RESEARCH PURPOSES ONLY ETC.

HAND STANDARD LETTER TO PARENT OR RESPONSIBLE ADULT.

PERMISSION & SIGNATURE MUST BE OBTAINED FROM A RESPONSIBLE ADULT BEFORE INTERVIEWING ANYONE AGED 15

NAME AND SIGNATURE OF ADULT GIVING AUTHORITY FOR INTERVIEW:

PRINT NAME:	
SIGNATURE:	
RELATIONSHIP TO CHILD:	

Interviewer record:

Parent present during interview	1
Parent not present during interview	2

OFFICE USE ONLY

Intervr. Checked	Supervisor Checked	Supervisor Accomp.	Back-checked	
			Tel	1
			Visit	2
			Post	3
			Date:	Initials:

F. Showcards

NACD

POPULATION STUDY

SHOWCARDS

50878 **SHOW CARD '16'**

1	Sedatives
2	Sleeping pills
3	Rohypnol ®
4	Roofies
5	Row rows
6	Dalmane ®, Flurazepam
7	Mogadon ®, (Moggies), Nitrazepam
8	Phenobarbitone
9	Tranquillisers
10	Tranks
11	Downers
12	Benzos
13	Roches
14	Librium ®
15	Valium ®, (Diazepam)
16	Normison ®, (Duck eggs), Temazepam
17	Ativan ®
18	Halcion ®, Triazolam
19	Xanax ®
20	Stilnoct ®, Zolpidem
21	Zimovane ®, Zopiclone

50878 **SHOW CARD '23'**

1	Oral (tablets or syrup)
2	Injection with a needle
3	Other (please tell me which)

50878 **SHOW CARD '24'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

50878 **SHOW CARD '25'**

1.	Anti depressants
2.	Prozac ®
3.	Seroxat ®
4.	Prothiaden ®
5.	Effexor ®
6.	Lustral ®
7.	Molipaxin ®
8.	Zispin ®
9.	Olanzapine (Zyprexa ®)

50878 **SHOW CARD '32'**

1	Oral (tablets or syrup)
2	Injection with a needle
3	Other (please tell me which)

50878 **SHOW CARD '33'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

50878 **SHOW CARD '34'**

1	Cannabis
2	Marijuana
3	Dope
4	Grass
5	Pot
6	Hash(ish)
7	Ganja
8	Shit
9	Blow
10	Weed
11	Draw
12	Puff
13	Whacky Backy
14	Skunk
15	Resin

50878 **SHOW CARD '38'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '42'**

1	Grass
2	Weed
3	Skunk
4	Hash Oil
5	Herb
6	Hash
7	Resin
8	Other (please tell me which)

50878 **SHOW CARD '44'**

1	Joint
2	Pipe
3	Bong
4	Eat
5	Other (please tell me which)

50878 **SHOW CARD '45'**

1	Ecstasy
2	Pills
3	E
4	XTC
5	Doves
6	Mitsubishi
7	Shamrocks
8	MDMA
9	Yokes

50878 **SHOW CARD '49'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '53'**

1	Amphetamines
2	Speed
3	Billy
4	Whizz
5	Base
6	Sulphate
7	Ice
8	Crystal
9	Bennies
10	Uppers
11	Dexies
12	Purple hearts

50878 **SHOW CARD '57'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '62'**

1	Crack
2	Rock
3	Stones
4	Freebase

50878 **SHOW CARD '66'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '70'**

1	Cocaine
2	Charlie
3	Coke
4	Snow
5	Nose candy
6	Blow

50878 **SHOW CARD '74'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '78'**

1	Doing a line/Snort
2	Injection with a needle
3	Smoke
4	Other (please tell me which)

50878 **SHOW CARD '79'**

1	Heroin
2	Smack
3	Gear
4	H
5	Junk
6	Skag
7	Brown
8	Horse

50878 **SHOW CARD '83'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '87'**

1	Smoke
2	Injection with a needle
3	"Chasing the dragon"
4	Other (please tell me which)

50878 **SHOW CARD '88'**

1	LSD
2	Acid
3	Trips
4	Tabs

50878 **SHOW CARD '92'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '96'**

1	Solvents
2	Glues
3	Dry-cleaning fluids
4	Aerosols
5	Paint stripper
6	Petrol
7	Nail varnish remover
8	Correction fluids e.g. Tipp-Ex ®
9	Gas lighter fuel

50878 **SHOW CARD '100'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '104'**

1	Poppers
2	Amyl Nitrite
3	Rush
4	Liquid gold
5	Locker room

50878 **SHOW CARD '108'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '112'**

1	Magic Mushrooms
2	Psilocybin
3	Mushies

50878 **SHOW CARD '116'**

1	None
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

50878 **SHOW CARD '120'**

1	I picked them myself
2	I got them from someone I know
3	I bought them off the internet
4	I bought them in a shop/market
5	Other (please tell me how)

50878 **SHOW CARD '121'**

1	Methadone
2	Physeptone ®
3	Phy
4	Brown (phy)
5	Green (phy)

50878 **SHOW CARD '128'**

1	I got it on a prescription
2	I got it from someone I know
3	I bought it without a prescription in a chemist
4	I bought it over the internet
5	Other (please tell me how)

50878 **SHOW CARD '138'**

1	Opiates (excluding heroin & methadone)
2	Temgesic ®
3	Codeine
4	Kapake ®
5	Morphine
6	Opium
7	DF118 ® (DF's)
8	Diffs
9	Dikes
10	Peach
11	Fentanyl (Durogesic ® & Sublimaze ® & Actiq ®)
12	Oxycodone (Oxycontin ® & Oxynorm ®)
13	MST ® (MST's)
14	Buprenorphine (Subutex ®)
15	Diconal ®
16	Pethidine
17	Napps

50878 **SHOW CARD '145'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

50878 **SHOW CARD '146'**

1	Anabolic Steroids (There are more than 100 kinds of anabolic steroids which are used in body building as well as in gender reassignment and the treatment of certain sexual dysfunctions. This does not include steroids taken for the treatment of respiratory ailments e.g. Asthma, Arthritis and other inflammatory conditions)
2	Dianabol
3	Deca-Durabolin ®, Durabolin ®, Nandrolone
4	Stanozolol
5	DHEA
6	Winstrol ®
7	British Dragon, Primobol ® (Primo)
8	Clenbuterol
9	Methandranone
10	Stanolone

50878 **SHOW CARD '153'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

50878 **SHOW CARD '154'**

1	More as a criminal
2	More as a patient
3	Neither a criminal nor a patient
4	Both a criminal and a patient

50878 **SHOW CARD '155'**

1	Fully agree
2	Largely agree
3	Neither
4	Largely disagree
5	Fully disagree

50878 **SHOW CARD '156'**

1	Do not disapprove
2	Disapprove
3	Strongly disapprove

50878 **SHOW CARD '157'**

1	No risk
2	Slight risk
3	Moderate risk
4	Great risk

50878 **SHOW CARD '162'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

50878 **SHOW CARD '163'**

1	Cost/could no longer afford it
2	Persuaded by friends/family
3	Impact on job/friends/family
4	No longer part of social life
5	Concern about health/health reasons
6	Pregnancy
7	Less available supply
8	Put on rehabilitation programme
9	Did not want to take anymore
10	Did not enjoy after effects
11	The pros of taking did not outweigh the cons
12	Other (please tell me)

50878 **SHOW CARD '166'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

50878 **SHOW CARD '167'**

1	Cost/could no longer afford it
2	Persuaded by friends/family
3	Impact on job/friends/family
4	No longer part of social life
5	Concern about health/health reasons
6	Pregnancy
7	Less available supply
8	Put on rehabilitation programme
9	Did not want to take anymore
10	Did not enjoy after effects
11	The pros of taking did not outweigh the cons
12	Other (please tell me)

50878 **SHOW CARD '170'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

50878 **SHOW CARD '171'**

1	Cost/could no longer afford it
2	Persuaded by friends/family
3	Impact on job/friends/family
4	No longer part of social life
5	Concern about health/health reasons
6	Pregnancy
7	Less available supply
8	Put on rehabilitation programme
9	Did not want to take anymore
10	Did not enjoy after effects
11	The pros of taking did not outweigh the cons
12	Other (please tell me)

50878 **SHOW CARD '172'**

1	Given by family/friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me)

50878 **SHOW CARD '173'**

1	Street/park
2	Disco/bar/club
3	Office/workplace
4	School/college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection/delivery
8	Internet
9	Other (please tell me)

50878 **SHOW CARD '174'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

50878 **SHOW CARD '175'**

1	Given by family/friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me how)

50878 **SHOW CARD '176'**

1	Street/park
2	Disco/bar/club
3	Office/workplace
4	School/college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection/delivery
8	Internet
9	Other (please tell me)

50878 **SHOW CARD '177'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

50878 **SHOW CARD '178'**

1	Given by family/friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me)

50878 **SHOW CARD '179'**

1	Street/park
2	Disco/bar/club
3	Office/workplace
4	School/college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection/delivery
8	Internet
9	Other (please tell me which)

50878 **SHOW CARD '180'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

50878 **SHOW CARD 'C2'**

1	Single (never married)
2	Married
3	Co-habiting
4	Separated
5	Divorced
6	Widowed

50878 **SHOW CARD 'C4'**

	White
1	Irish
2	Irish Traveller
3	British
4	Roma
5	Other white background (please tell me which)
	Black or Black Irish
6	African
7	Any other black background (please tell me which)
	Asian or Asian Irish
8	Chinese
9	Any other Asian background (please tell me which)
	Other
10	Other including mixed background (please tell me which)

50878 **SHOW CARD 'C6'**

	In Paid Job
1	Self employed
2	Working full-time 30hrs+/week
3	Working part time
	No Paid Job
4	Seeking work for the first time
5	Unemployed (having lost or given up job)
6	Home (domestic) duties
7	Unable to work due to permanent illness/disability
8	Not working (seeking work)
9	Not working (not seeking work)
10	On Government training/education scheme
11	On Government employment scheme (CE, job options etc)
12	Retired
13	Student
14	Other (please tell me which)

50878 **SHOW CARD 'C6c'**

1	Unemployment benefit
2	Unemployment assistance
3	One parent payment
4	Disability benefit
5	Disability allowance
6	Invalidity pension
7	Carer's allowance
8	Family income supplement
9	Widow/widowers pension
10	Other (please tell me which)
11	None of these

50878 **SHOW CARD 'C10'**

A	Retired, gets pension from previous job
B	Unemployed, less than 2 months
C	Sick, still receiving pay or statutory pay from job
D	Widowed, receiving pension from spouse's previous job
E	Divorced/separated, receiving maintenance
F	Full-time student
G	Not working, private means
H	Unemployed longer than 2 months
I	Sick – only receiving Income Support or Invalidity Benefit
J	Receiving State Pension only
K	Paid job – Full time or Part time

50878 **SHOW CARD 'C13'**

A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

On the basis of this definition, do you regard yourself as being disabled?

50878 **SHOW CARD 'C14'**

1	No formal education
2	Primary education
3	Second level
4	**Lower secondary** (*Junior/Intermediate/Group Certificate, 'O' levels/GCSEs, NCVA Foundation Certificate, basic Skills Training Certificate or equivalent)*
5	**Upper secondary** *Leaving certificate, (including Applied and Vocational Programmes), 'A' Levels NCVA Level 1 Certificate or equivalent)*
6	**Third level** Non degree qualification *(National Certificate, Diploma NCEA/Institute of Technology or equivalent)*
7	Primary degree *(Third level bachelor degree)*
8	Professional qualification (*of degree status at least*)
9	Both a degree and a professional qualification
10	Postgraduate certificate or diplomas
11	Postgraduate degree or masters
12	Doctorate (PhD)

G. Contact Sheet

Ipsos MORI

CONTACT SHEET - 50878

(O.U.O. : «MORI_POINT_ID»)

ID Number		**Interviewer**	
Sample			
Point		**Interviewer Number**	

Q.C1

CONTACT RECORD	Call No.	WEEKDAY (1-7)	TIME (1-4)	DATE (1-31)	MONTH (1-12)	COMMENTS - record outcome of each call	Input on E-Progress ✓
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

TOTAL NUMBER OF CALLS (WRITE IN BOX) ☐☐

You must record at least 5 attempts in total to make appointment/complete interview before abandoning address. For 15-24 year old selected respondents a further 2 calls must be made before abandoning.

At least one call must be an evening and one at a weekend plus one further evening or weekend call.

CONTACT CODES:	WEEKDAY	MON = 1 ◆ TUES = 2 ◆ WED = 3 ◆ THURS = 4 ◆ FRI = 5 ◆ SAT = 6 ◆ SUN = 7
	TIME	UP TO 12 NOON = 1 ◆ 12 NOON TO 3PM = 2 ◆ 3-6PM = 3 ◆ AFTER 6PM = 4

*** INTRODUCTION ***

Good morning/afternoon/evening. My name is .... from Ipsos MORI, an independent research company. We are conducting a study today about lifestyles such as alcohol, tobacco and drugs, and I'd like to ask you some questions. The interview will last approximately 20 minutes.

IF ASKED STATE ..... This study is being conducted on behalf of the Department of Community, Rural and Gaeltacht Affairs.

IF UNSURE/CONCERNED ABOUT CONFIDENTIALITY STATE:
We would like to stress that all information you give in the questionnaire will be treated confidentially. No information about you as an individual, including your name and address, will be passed on to anyone outside this research study. All the details collected are purely for the purpose of market research and the information is used purely for statistical purposes.

* RESPONDENT SELECTION *

Q.C2 **I'd like to interview one of the people aged 15 - 64 who live in this household, and in order to choose fairly, I'd like to ask a few questions. Can you tell me how many people (aged between 15 and 64) currently live here as part of this household?**

One only	01	COMPLETE INTERVIEW
Two or more	02	COMPLETE DETAILS BELOW
None	03	GO TO Q.C5

Q.C3 **We have a special way of selecting which person to interview and in order to choose fairly, can you please tell me the first name or initial of each member of the household (aged between 15 & 64), and the date and month they have their birthday.**
LIST NAMES/INITIALS BELOW

PERSON NO.	NAME OR INITIAL	DATE &MONTH OF BIRTH
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

INCLUDE:

People normally living here away for up to 6 months
People away at work for whom this is main address
Boarders and lodgers

EXCLUDE

People 18+ living elsewhere for study/work
Spouses separated and no longer resident
People away for 6 months or more

INTERVIEWER: CIRCLE PERSON NUMBER WHO HAD BIRTHDAY LAST – YOU MUST ATTEMPT TO INTERVIEW THIS PERSON. NO SUBSTITUTIONS ARE ALLOWED ONCE SELECTED. MAKE APPOINTMENT IF NECESSARY.

ONLY ASK AGE OF SELECTED RESPONDENT - WRITE IN HERE | | |

IF 15 OBTAIN PARENTAL PERMISSION
IF AGED 15-24 REMEMBER TO ENTER ON EPROGRESS QUESTIONNAIRE

Q.C4 RECORD RESPONDENT'S FULL NAME & TELEPHONE NUMBER, (INCLUDING STD).

TITLE:		FULL NAME:	
TELEPHONE (INC STD CODE):			

Q.C7

REFUSAL INFORMATION		
REASON FOR REFUSAL (MULTICODE OK)	**Never** does surveys	01
	Interview takes **too long**	02
	Taken part in **too many surveys**	03
	Interview is too **intrusive**	04
	Too **busy** at this time	05
	Always too **busy**	06
	Worried about **misuse** of information	07
	Worried about **confidentiality**	08
	Worried about **safety**/security	09
	Survey is a **waste** of money	10
	Not interested in helping **government**	11
	Not interested in **subject** matter	12
	"Nothing in it for me"	13
	Other (WRITE IN) _____	14
RE-CONTACT	**Do not recontact** *respondent likely to take offence or be potentially dangerous if further efforts made to persuade them to take part*	15
ESTIMATED CONTACT DETAILS	**Estimated Age WRITE IN**	
	Sex of person refusing: Male	01
	Female	02
	To which one of the following groups do you consider contact belongs?	
White	Irish	1
	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify)_____	5
Black or Black Irish	African	6
	Any other black background (specify)_____	7
Asian or Asian Irish	Chinese	8
	Any other black background (specify)_____	9
Other including mixed background	Specify_____	10

Remember to return all contact sheets to the office (productives and failures) as soon as possible.

Check all relevant sections have been coded.

* DWELLING INFORMATION *

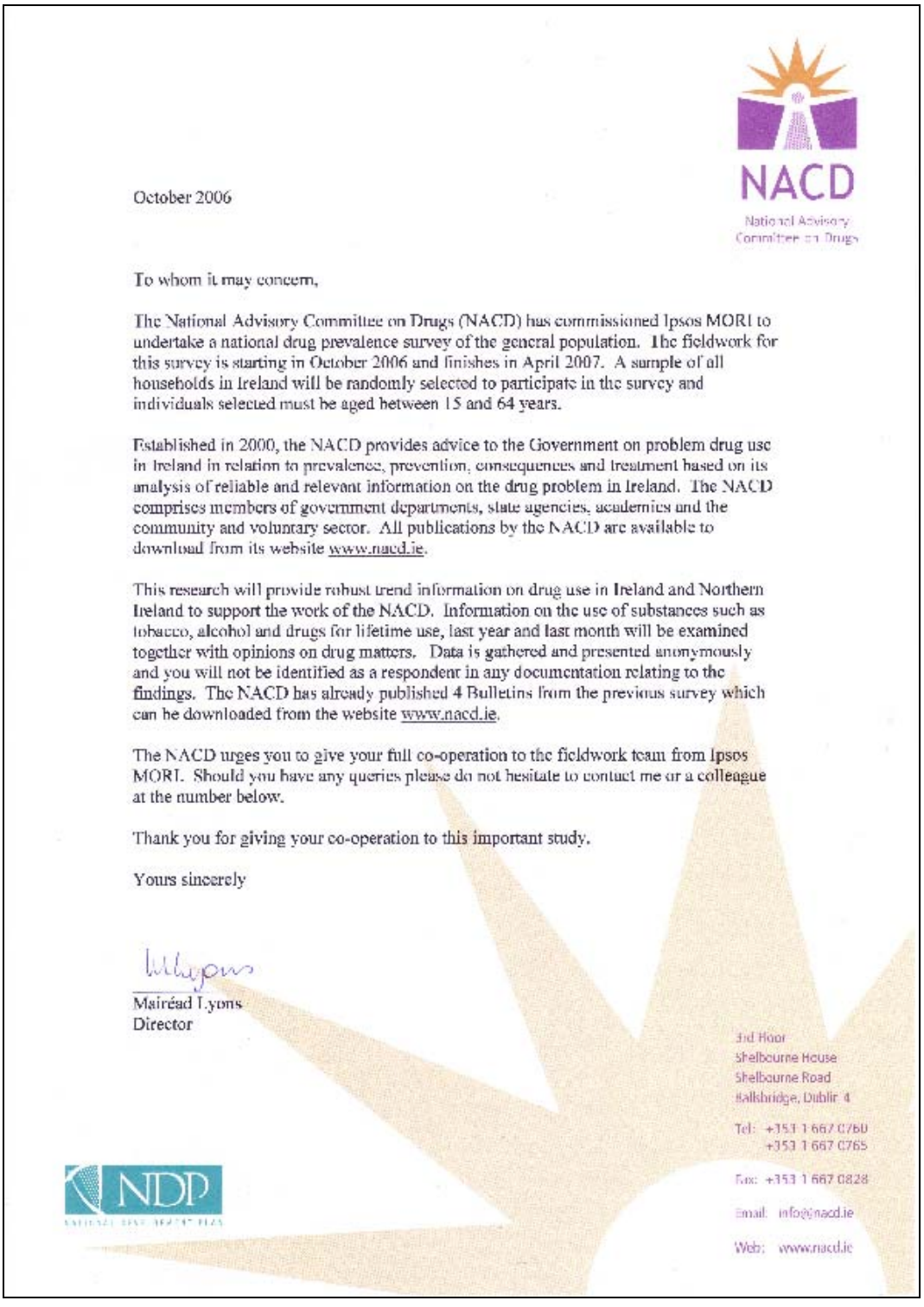
Q.C5 Code property type of printed address:

House/bungalow – **detached**	01
House/bungalow – **semi-detached**	02
House/bungalow – **mid terrace**	03
House/bungalow – **end terrace**	04
Purpose built flat/maisonette(s)/ apartment(s) - building **less than six floors**	05
Purpose built flat/maisonette(s)/ apartment(s) - building **six or more floors**	06
Conversion flat/maisonette(s)/Shared House	07
Hostel or bed and breakfast	08
Other (WRITE IN)	09

Q.C6

FINAL OUTCOME		
	Successful interview	01
REFUSED	**Refused** before respondent selection	02
REFUSED	**Refused** after respondent selection	03
REFUSED	Entry to block/scheme **refused** by warden etc	04
NO CONTACT	Unable to **access** block/scheme/gated apartments	05
NO CONTACT	Occupied, **no contact at address** after 5+ calls	06
NO CONTACT	**No contact with selected resident**, 4+ calls	07
NO CONTACT	Occupier in but **not answering door** after 5+ calls	08
NO CONTACT	**Unsure if occupied**, no contact after 5+ calls	09
PROPERTY INELIGIBLE	Property **vacant**	10
PROPERTY INELIGIBLE	Property **derelict**	11
PROPERTY INELIGIBLE	Property **demolished**	12
PROPERTY INELIGIBLE	**Non-residential** property	13
PROPERTY INELIGIBLE	Property **not found**	14
OTHER	Too **ill** to participate WRITE IN DESCRIPTION	15
OTHER	**Away** during fieldwork WRITE IN DATE BACK	16
OTHER	Household **Not** Eligible WRITE IN REASON	17
OTHER	**Mother tongue** required WRITE IN LANGUAGE	18
OTHER	**Other** WRITE IN	19
OTHER	**Withdrawn** by Head Office	20

H. NACD letter to survey respondents



NACD
National Advisory Committee on Drugs

October 2006

To whom it may concern,

The National Advisory Committee on Drugs (NACD) has commissioned Ipsos MORI to undertake a national drug prevalence survey of the general population. The fieldwork for this survey is starting in October 2006 and finishes in April 2007. A sample of all households in Ireland will be randomly selected to participate in the survey and individuals selected must be aged between 15 and 64 years.

Established in 2000, the NACD provides advice to the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment based on its analysis of reliable and relevant information on the drug problem in Ireland. The NACD comprises members of government departments, state agencies, academics and the community and voluntary sector. All publications by the NACD are available to download from its website www.nacd.ie.

This research will provide robust trend information on drug use in Ireland and Northern Ireland to support the work of the NACD. Information on the use of substances such as tobacco, alcohol and drugs for lifetime use, last year and last month will be examined together with opinions on drug matters. Data is gathered and presented anonymously and you will not be identified as a respondent in any documentation relating to the findings. The NACD has already published 4 Bulletins from the previous survey which can be downloaded from the website www.nacd.ie.

The NACD urges you to give your full co-operation to the fieldwork team from Ipsos MORI. Should you have any queries please do not hesitate to contact me or a colleague at the number below.

Thank you for giving your co-operation to this important study.

Yours sincerely

Mairéad Lyons
Director

3rd Floor
Shelbourne House
Shelbourne Road
Ballsbridge, Dublin 4

Tel: +353 1 667 0760
+353 1 667 0765

Fax: +353 1 667 0828

Email: info@nacd.ie

Web: www.nacd.ie

NDP

I. Letter to Households

Ipsos MORI

Population Survey on behalf of
Department of the Community, Rural and Gaeltacht Affairs and
the National Advisory Committee on Drugs (NACD) in the Republic of Ireland

Ipsos MORI is a market research company which has been commissioned by the above organisations to conduct a study on lifestyles.

The survey will investigate people's views on a wide range of issues including their attitudes and behaviour in relation to alcohol, drugs and tobacco. The information will help the Department and the National Advisory Committee on Drugs (NACD) make important decisions in relation to policy and service provision in these areas.

We are interviewing 5,000 people between the ages of 15 and 64 across Ireland. All of the addresses chosen to take part in the survey have been **selected at random** from all residential addresses in Ireland to which An Post delivers mail. Within each household there is a further random procedure to select who in the household should be interviewed. The selection of the individual household member would take place when the interviewer calls. As your address was one of those selected, we would be very grateful if the selected household member would agree to be interviewed on this important study.

There is no need to respond to this letter, as one of our interviewers will call at your home during the next month and, if it is convenient, we hope you will be able to spare approximately 20 minutes to answer some questions. The interviewer will carry an identification card which should be presented to you. The interview will be conducted using a laptop computer so the interviewer will need to carry out the interview inside your home. All of the information collected will be treated in strict confidence and will be processed solely for the purposes of this research.

Ipsos MORI conforms with the principles of the Data Protection Act. The information you provide will not be disclosed to anyone outside the Research Team. The results of the research will be published in 2007. **However, please be completely reassured that the research data will remain confidential at all times and it will not be possible to identify you or any other member of your household from the published information.**

As it is important to have the views of the widest possible range of people, I hope you will agree to take part in the survey.

Thank you, in anticipation, for your help.

Yours faithfully

Lesley McClure
Managing Director -Ireland
Ipsos MORI

24 Windsor Place Dublin 2 Tel: +353 (0) 1 6326000 Fax: +353 (0) 1 6326061

J. Letter to Households (Polish Translation)

Ipsos MORI

Date jak na znaczku pocztowym

Drogi respondencie,

Badanie populacji dla departamentu Ministerstwa Zdrowia:

Population Survey on behalf of Departament of the Community, Rura land Gaeltacht Affairs and the National Advisory Committ on Drugs(NACD) in the Republic of Ireland.

Ipsos MORI jest agencja zajmująca się marketing research, która otrzymała pozwolenie od powyższej organizacji na przeprowadzenie badania na temat stylu zycia. Badanie ma na celu prześledzenie ogólnego podejścia ludzi mieszkających w Irlandii do używek takich jak: alkohol, papierosy i narkotyki.

Nasi pracownicy przeprowadzają badania z 5,000 osob pomiędzy 16-tym a 64-tym rokiem zycia. Wszystkie listy za pomocą których się z Tobą skontaktowaliśmy zostały wyslane pod adresy które wytypowaliśmy przypadkowo z rejestru jakim dysponuje Poczta Irlandzka. Jako ze Twój adres został wylosowany, bylibyśmy bardzo wdzięczni, gdyby wybrany przez naszego pracownika, mieszkaniec tego domu udzielił nam wywiadu będącego częścią przeprowadzanego badania.

Pracownik Ipsos MORI będzie miał przy sobie identyfikator, który na samym początku zostanie Ci okazany. Wywiad będzie przeprowadzany przy użyciu laptopa, wiec istnieje potrzeba zaproszenia (wprowadzenia) pracownika Ipsos MORI do mieszkania.

Posługujemy się specjalna procedura, która pozwala losowo wyłonić osobę z danego mieszkania, z która przeprowadzimy wywiad. Losowo(przypadkowo) wybrana osoba musi być ta, która, która jako ostatnia miała urodziny. Prosze jednak mieć na uwadze fakt, ze nie oznacza to wcale ze musi to być najmłodsza osoba tylko ta, która jako ostatnia obchodziła urodziny.

Nie ma potrzeby żebyś odpowiadał na ten list. Nasz pracownik w przeciągu kilku tygodni pojawi się u Ciebie w domu w celu przeprowadzenia badania. Będziemy bardzo zobowiązani, gdy będziesz mógł poświęcić 20 minut na przeprowadzenie tego badania. Wszelkie udzielone przez Ciebie odpowiedzi w czasie trwania wywiadu będą użyte tylko i wyłącznie przez pracowników naszej firmy do przeprowadzenia badan statystycznych.

W celu jakichkolwiek pytań proszę się skontaktować z naszym biurem w Dublinie 01 6326000 i prosić Anne Andruszkiewicz.

Z wyrazami szacunku

Lesley McClure
Managing Director -Ireland
Ipsos MORI

24 Windsor Place Dublin 2 Tel: +353 (0) 1 6326000 Fax: +353 (0) 1 6326061

K. Letter to An Garda Síochána

Ipsos MORI

The Deputy Commissioner
An Garda Síochána
Garda House
Phoenix Park
Dublin 8

23 October 2006

Re: Population Survey on behalf of
Department of the Community, Rural and Gaeltacht Affairs and the
National Advisory Committee on Drugs (NACD) in the Republic of Ireland

Dear Sir,

The Department of Community, Rural and Gaeltacht Affairs and the National Advisory Committee on Drugs has commissioned Ipsos MORI, the independent research agency, to carry out a household survey, asking people about their use of tobacco, alcohol and drugs. This is a repeat of a previous survey conducted in 2002/2003.

Ipsos MORI interviewers will be conducting a total of 5,000 randomly selected face-to-face interviews, in respondents' homes, across Ireland (the Republic of), between late October and mid December, and again between mid January and April 2007. Interviews will be conducted at a range of times between 9am and 9pm, Monday to Saturday, and on Sundays (by prior appointment).

Interviewers will be informing Garda stations when they are interviewing in local areas.

As with the previous study, Ipsos MORI thought it would be helpful to let you know about this study in advance. Please find attached a copy of a letter from the NACD to survey respondents, for your reference.

I trust that everything is in order, but please call me on 01 6326000 if you wish to discuss this study further.

Yours sincerely,

Tarik Laher

Tarik Laher
Director

24 Windsor Place Dublin 2 Tel: +353 (0) 1 6326000 Fax: +353 (0) 1 6326061

L. Parental Permission Form

Ipsos MORI

Population Survey on behalf of
Department of the Community, Rural and Gaeltacht Affairs and
the National Advisory Committee on Drugs in the Republic of Ireland

Ipsos

Your child _____ aged _____ has been selected randomly from the people aged 15-64 in your household to participate in a study about lifestyles including topics on alcohol, tobacco and drugs. Your household's address was earlier selected randomly from all residential addresses to which An Post delivers mail.

We are interviewing 5,000 people between the ages of 15 and 64 and their answers to the study will all be grouped together so that no individual's responses will be identified.

We need to interview people as young as 15 years old because it is important to understand changes to lifestyles over time. Under the rules of the Market Research Society we are not allowed to ask children under 16 any questions without an adult's permission. He/she will not have to answer any questions he/she doesn't want to.

Your child's name, address and telephone number will not be passed to anyone outside our company so neither you nor your child will be contacted by anyone outside the company as a result of participation in the study. All the details collected are purely for the purpose of market research and the information is used purely for statistical purposes. The only contact that may be made would be if a supervisor or member of staff wrote to, telephoned or called you or your child to check only that the interview was carried out to instructions.

You may if you wish be present at your child's interview, although he/she may be more comfortable if you are out of hearing.

If you give consent to your child taking part in this important study please sign both copies. One is for you to keep and one will be sent into the office for our records.

Permission to interview:

I hereby give my consent for my child to be interviewed in this study.

Child's Name (Please print):	
Parent/Guardian (Please print):	
Signature of parent/guardian:	
Interviewer Name:	
Interviewer Number:	
Unique Address Code:	
Date:	**0** **6**

M. Frequently Asked Questions

Frequently Asked Questions

What is this survey about?
The survey is designed to get people's views on a wide range of issues, including their attitudes and behaviour in relation to alcohol, drugs and tobacco. This is a repeat of a similar survey which was conducted in 2002/2003, and will help make important decisions in relation to policy and service provision in these areas.

Who is conducting the research?
Ipsos MORI is an independent market research company, which has been commissioned by the Department of the Community, Rural and Gaeltacht Affairs and the National Advisory Committee on Drugs to conduct this study.

Who is being surveyed?
We are interviewing a total of 5,000 members of the public aged 15-64 across Ireland.

Why am I being invited to participate?
You have been selected completely at random. All of the addresses chosen to take part in the survey have been selected at random from all residential addresses in Ireland to which An Post delivers mail, and there is a further random procedure to select who in the household should be interviewed.

What does the interview involve?
One of our interviewers will call at your home to conduct the interview, which takes approximately 20 minutes. The interviewer will carry an identification card which should be presented to you. The interview will be conducted using a laptop computer, an efficient and modern way to conduct the survey, and follows the same procedures as a traditional 'clipboard-style' interview – the only difference being that answers are automatically coded onto the computer rather than written down.

Is what I say during the interview confidential?
Absolutely. All of the information collected is completely anonymous and will be treated in strict confidence – it will not be possible to identify you or any other member of your household in the analysis of results (although you may be re-contacted as part of our quality control checking process). Ipsos MORI conforms with the principles of the Data Protection Act and the information you provide cannot be made available to anybody, including An Garda Síochána.

Will the results be published?
The results of the research will be published and will be made available on to the public. They are also likely to be covered in the media.

N. Interviewer Instructions

Interviewer Instructions

POPULATION STUDY

Ipsos MORI

50878

1. Background to the Study

The European Union has an ongoing Action Plan on drugs to establish and monitor the prevalence of drug use in the general population of the EU member states.

To enable the EU to take this forward all member countries carry out population studies using a common methodology and basic questionnaire.

This, the second study of its type in Ireland will provide data about the frequency of drug use (both legal and illegal) among the **general population** of Ireland.

A virtually identical study was carried out by us in 2002/2003 for the National Advisory Committee on Drugs (NACD) and the Drug and Alcohol Information and Research (DAIRU). These bodies represent an all-Ireland front in providing data and advice to various government departments about the prevalence of drug use and other related aspects.

Now in 2006, NACD has commissioned Ipsos MORI in the Republic of Ireland to interview 5,000 adults aged between 15 and 64, using a CAPI methodology.

We will, as far as possible, carry out the interviewing across the same time period as the previous study, October to April with a break for Christmas and the New Year.

NACD was established in 2000 to provide advice to the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment based on its analysis of reliable and relevant information. The research we will undertake will provide robust trend information on drug use on Ireland. Information on the use of substances such as tobacco, alcohol and drugs for lifetime use, last year and last month will be examined together with opinions on drug matters.

NACD has published four bulletins from the previous survey which can be downloaded form the website www.nacd.ie

2. Sampling

In this study the people to be interviewed are to be adults aged 15-64 **whose normal place of residence** is Republic of Ireland. The people can be of any nationality, so long as they are living in the Republic of Ireland at the time the study is being worked. There are no exclusions; in other words anyone in the population could be selected for interview.

We will interview a minimum of 5,000 people across the Republic of Ireland by means of a random selection method.

To arrive at the addresses where interviewers will call we have ranked sampling points in order of the social deprivation index so that all types of areas will be represented. We then select sampling points using a random selection procedure to ensure that the points chosen will give a full representation of the different types of areas in the country. In each of the sampling points or areas we have then selected main and reserve addresses, again randomly.

Addresses have been chosen from each of the Health Boards in the Republic of Ireland. The number of addresses chosen is proportionate to the populations in each Health Board, so for example, as there are more people living in the EHRA than in any of the other boards, it follows that we have more addresses here to obtain more interviews.

The numbers of interviews to be achieved in each of the Health Boards is as follows:

ERHA	1,750
SHB	640
SEHB	460
WHB	450
MWHB	450
NEHB	450
MHB	400
NWHB	400

When using random sampling to select individuals for interview the results obtained are very accurate **so long as very precise instructions are followed accurately**, in order that the correct person is chosen for interview.

Interviewing will be conducted over the next few months. It is important that we spread the interviews across the time period so that any changes in the behaviour of our respondents during holiday periods, for example, is not over represented.

Our nationally representative sample of addresses has been selected from the An Post/Ordnance Survey Geo-Directory. The Geo Directory is comprised of all addresses to which An Post delivers mail. The files are updated regularly from information collected from each postal round, so provide the most comprehensive and up to date sample frame available in the Republic of Ireland.

The sample we have selected excludes large users and organisations so the vast majority of addresses issued to each interviewer will be private residential addresses.

Each assignment will contain a specific number of addresses which should all be approached and an attempt made to interview the selected individual at each address, providing there is someone aged 15-64 living there.

Overall we need to achieve a high response rate although we appreciate that some areas will prove more fruitful than others.

All selected addresses will be written to in advance of fieldwork to advise the occupiers that an interviewer will be calling with the view to take an interview with a person aged between 15 and 64 from the household. Interviewers will have copies of the letter to hand out in case the contact at the door does not recall seeing the letter. It may be that in some instances the letter may not have been delivered or the contact has not seen it so be prepared to give a copy to the contact you make and allow them time to peruse it.

The reason that we decided to send letters in advance of interviewers calling was to prepare the way for interviewers gaining access to the home and being able to sit down with their laptop computer. The response rate should be improved by writing in advance. Although there is more chance of a letter not being delivered in a rural area because of more than one household having the same address it will be easier to gain access to homes in rural areas.

We will be working across 385 different sampling points over the fieldwork period. Each sample point will have 24 main addresses with six or seven held in reserve to cover ineligibles. Working across this number of sample points will give us a wide coverage of the country.

3. When to Interview

Each address has to be visited a minimum of five times before it can be deemed to be non effective. Where a 15 -24 year old is the selected person then a further two calls must be made.

The reason for this approach is to ensure that each address has the **best possible** chance of providing an interview.

It is essential therefore to space out your calls across different days and times of day so as to allow people living at an address the best chance of being contacted.

Ideally you should not begin work before mid-afternoon (c. 3.30pm) which will maximise your chances of finding someone at home.

Once you have made contact with a responsible adult in the household you will follow a **strict** procedure to select the correct individual in the household to interview.

You will keep a record of the number of calls and times of these calls on the Contact Record Sheet, explained in Chapter 4 and will update us after each day's work by means of "eprogress". We will then be able to monitor and inform NACD on achievement, not only on completed interviews but also on number of calls made, and eventual outcomes.

Until you have established contact you should make your calls before 9.00pm and from Monday to Sunday. Calls later than 9:00 pm can only be made by prior appointment and a first call on a Sunday should be made after mid-day.

You must not make subsequent calls at the same time of day, as it is likely that if the household is empty at 5.00pm on a Tuesday it will be on a Wednesday and Thursday too!

If you establish that a young person (that is aged between 15 and 24) is the selected respondent you must make an additional two evening and/or weekend calls before you can send back the contact sheet as non effective.

Although it will be necessary to keep trying to make contact at some addresses at different times of day and on different days it is worth knowing that on the last survey **70% of all the successful interviews were carried out on the first or second call!**

4. The Contact Record Sheet/Address List

In this study you will be given particular addresses in a relatively small geographical area. These are printed on to "Contact Sheets" and how you record the information you will collect when making your calls is crucial to the overall success and reporting on this study.

It is sensible to plan your route before going out on the first day so that you can make your initial calls as quickly and easily as possible. You may wish to consult a street map or ordnance survey map showing town-lands to help you plan your route. If you don't know the area you have been given you may wish to drive round in daylight on your first day.

When you receive each assignment, please check the addresses in case you know anyone living at any of them. We do not want you to attempt to interview anyone you know. If you find such an address, please code "19" as the final outcome on the contact sheet and state "Known to me". Return the contact sheet to the office at once; don't wait until you have completed the assignment.
This also applies if, when you make contact at any given address, you discover that you know the person/people living there. We will organise that another interviewer contacts this household.

Make sure that you inform us/ update eprogress at the same time.

As far as we can know, the addresses you will have been given are those of private households. (There may be the occasional commercial property such as a small shop but this should be the exception.)

A private household is where a group of people (not always related) live together and whose food and household expenses are managed as one unit.

However, sometimes more than one household is found at a single address.

This could be:

(1) A house has been converted into two or more flats;
(2) Two families sharing a dwelling such as a young married couple living with parents but with separate catering and housekeeping arrangements – each is a separate household.
(3) A group of students or other non-related individuals living together at one address. Those sharing occupancy can be siblings but it is likely in this situation that each is his or her own household unit. These individuals form separate households, if they don't cater as one unit.
(4) Several households in town-lands with the same address

If you come across a multi-household dwelling or multi household addresses you must first randomly select the **household** before randomly selecting an individual within that household. You do this by using a random table selection grid. This is known as a **KISH Grid.**

There are different kinds on multi households, The KISH grid provided will enable you to recordt the **number of households** (in the case of a flat conversion or two or more households at the one address) or enable you to record the **number of people** who share the one address but are each their own heads of household, i.e. a group of students living together who don't have communal budgeting/catering. Once you have recorded the households/individual heads of household you follow the instruction on the Kish Grid as to which household/ head of household to select.

The same principle applies if you are selecting one property out of several properties sharing the same address, but use Kish Grid 2 (Property selection) which allows for a greater number than Kish Grid 1.

Each contact sheet has a unique address code which you transfer to the questionnaire when you begin to interview the selected individual. You must take the greatest care to transfer this number accurately as the computer is set up to take all the numbers in the range (that is all the individual addresses that have been selected).

The numbers in this unique address code represent the Health Board, the sample point and the addresses within that sample point.

Because you will need to introduce yourself and the study to the person you initially make contact with; the full introduction is written on the contact sheet, as well as on the actual CAPI script.

When you do make contact with a responsible adult in the (private) household, you will explain who you are and what you are doing. Practise and learn your introduction at home, show your ID card and look at the person, rather than reading out the introduction. You may be asked why you are at the particular address and you can explain it was chosen at random, from the An Post/Ordnance Survey Geo-Directory.

This is important to do if the person is concerned about how their address was obtained.

If the person who answered the door to you seems reluctant to talk, back off before you get an outright refusal. Offer a copy of the letter from the client and The Frequently Asked Questions Leaflet and say you'll call at another time when you're next in the area. You can catch people at a bad time for them and if you don't try to pressure them you may be successful next time you call. Try as far as possible to avoid getting a refusal at this stage.
Better to postpone carrying out the selection procedure than to never have the chance of doing so.

The next call may find them more receptive.

How to proceed with the selection of correct individual within the household using the last birthday rule.

If your respondent is amenable then ask:

"How many people aged between 15-64 live here?"

(a) If the answer is none then **no** interview can be taken here.

(b) If the answer is one, me! – take the interview there and then if you can. **In 2002, 22% of households were single person households** so the total may well be higher in 2006.

(c) If the answer is one but he/she isn't in then you should try to ascertain the best time to call and interview that person.

(d) If the answer is two or more then you need to record their details on the contact sheet and **select the one who has celebrated their birthday most recently**.

This is the "last birthday rule" and is used to select individuals within a household in a random manner. You must select and interview the "chosen" person. To do otherwise introduces bias into the sample and affects the reliability of the data.

It doesn't matter in which order your contact gives you the names of all those aged between **15-64**. Ask what was the **day** and **month** of (all) their birthdays. Choose the individual who had the most recent birthday. This has nothing to do with the **age** of respondents, only when they had their **birthdays**. We don't need dates of birth, only the birthdays, i.e. not 10th June 1962 only 10th June.

You only need to determine only the age of the selected individual which you write on to the contact sheet as this will be transferred to the questionnaire.

If there are twins in the household and their birthday is the most recent one then interview the twin born **second**.

If two (or more) people in any household share the same birthday, select the **younger** person as your respondent.
If a member of the household has their birthday on the day that you make contact and carry out the selection procedure, select this person as the respondent who will complete the interview.

If your selected respondent isn't at home then you try to establish a good time to call back.

If the last birthday has changed since you first made contact at the address you still proceed with the person who was selected at the time of the first contact.

Each time you make a call you record the **result** using abbreviations you understand like NAH for not at home or NR for no reply as well as the day and time the call was made by using the codes provided for time of day and day of the week. Also write on the comments line any information which will be useful to you when planning future calls in the area.

For example, your initial contact has told you that her teenage son (your selected respondent) comes in to eat his dinner at 7.00pm and usually is out of the house for the evening by 8.00pm. You'll need to catch him about 7.30! Write this to remind you when you're planning your route for your next round of calls.
You may wish to leave a calling card if you have not succeeded in making contact after two visits or an appointment card to remind selected respondents of when they have agreed to carry out the interview. If you have made an appointment then you must keep it.

Record codes at C5 and C6 after your **final** call. If you are refused please record the refusal information, not forgetting to estimate the age and ethnicity of the person who refused you.

Rules for interviewing those aged 15

If your selected individual in the household is **aged 15** you need to obtain written parental permission before you can conduct an interview. As the interview is conducted using CAPI there is a special letter for the parent/guardian of such a child to sign.

It would be best to give this letter to the parent to peruse before trying to set up the interview with the child. If the parent agrees to the interview with their child then please ensure that the parent signs both copies of the letter and keeps one for his/her own records and that you send one copy back to the office, fully completed with unique address code, parent and child's name and parent's signature.

Obviously with this study it would not be ideal to have the parent present during the interview so try to explain the subject matter in general terms. Explain that we do want to interview 15 year olds if they have been selected.

If you appear very matter-of-fact about everything, the odds are that the parent will allow you to conduct the interview alone (or at least out of their hearing) with the 15 year old. If the parent wants to sit in you must accede. It is a parent's right not only to know the type of questions that you are going to ask but to actually sit in on the interview if they wish.

Proceed with the interview as instructed and record on the questionnaire whether or not the parent of the 15 year old was present during the interview.

If **permission is not granted you cannot take an interview** with a child aged 15 and you will record this in the final outcome box on the contact sheet. **No substitute can be taken if the parent refuses permission.** Please note that if the parent gives permission for you to approach the child to interview you still need to get the child's consent. If he or she doesn't wish to do the interview then you must accept that.

If after five calls to the address on different days/different times of day you have not got an interview you **may** record the final outcome as a non-contact on the contact sheet and return to the office. It may be that you could not make any contact with anyone in the household or it may be that you could never get to see the selected respondent. If the selected respondent is aged 15-24 we would like you to keep trying **at least twice more** to get the interview. This age group is always hard to get at home.

However, you may feel that you still have a chance of getting the interview. In that case keep the contact sheet and try again when you are close by the area, perhaps working on another point of this study. **So long as you have updated us using eprogress and your supervisor knows that you are holding on to that contact sheet this is fine.**

Sometimes you may not be able to carry out an interview with the selected respondent because they don't speak adequate English. If this happens we will try to find an interpreter to conduct the interview. Try to establish the language spoken and tell the Field Office. We will write to the household in their own language and ask them to contact us to arrange an interview if they wish.

In the case of a blind respondent or one who has difficulty in reading the show cards you must read out the cards to such a person. People cannot be excluded because they can't read. Equally if a person is deaf then you will have a list of questions to show to them so that they will have the opportunity to participate in the survey.

You must complete the contact sheets accurately and conscientiously with full details. We may need to reallocate the work to another interviewer or supervisor if response rate in the area is too low and a complete history of previous calls will be useful. In any event you will need a record of calls and time of call for the eprogress questionnaire.

From the contact sheets we will calculate the study response rate and construct a profile of non-productive or invalid addresses and refusals for the report to our client.

Included in this will be information about the type of property lived in and in the case of refusals the type of person who refused. Please fill this section in accurately.

If any address is non-residential, eg, a small shop or office, make no attempt to take an interview. Do check however that there isn't living accommodation above or attached to the business premises with the same address. If completely non-residential, code this in the Final Outcome Box.

Should you have an area with a high number of ineligible addresses (over 65s only or commercial addresses like small shops, vacant or demolished properties) we can issue you with reserve addresses to supplement the addresses which cannot yield interviews. If there are too many such "ineligible" addresses then we may issue a reserve point.

If you feel that you need to have reserve addresses you must request to have these in writing to the office or by telephone to Marianne who will put your request in writing.

In the majority of cases you will be able to complete a successful interview so don't forget to **record the name and telephone number of the selected respondent on your contact sheet this will help you to set up an appointment.**

5. Questionnaire Downloading and Using Eprogress

As we are working on CAPI this time not only will you download your completed interviews after each day's work you will inform us of progress by completing an eprogress questionnaire for **each call** made to an address. Your supervisor will also contact you at regular intervals to see how your work is going. Please keep your paperwork organised so that you can always give her an up-to-date report. Note the column on your contact sheet for you to record that you have completed the eprogress report.

The basic information that we will get from the General Survey Management System will cover:

- Total number of successful interviews conducted to date;
- Total number of **definite** non-productives to date;
- Total number of invalid addresses to date;
- Number of addresses still being worked on.

We will only get meaningful information if you use eprogress regularly and download all questionnaires after each day's work.

Complete all your eprogress questionnaires before downloading and everything will be sent at the one time.

Dial in at a sensible time so that you are less likely to get the engaged tone. Remember that early evening is the time that most of Ipsos's interviewers will be trying to do the same thing.

Remember to clear any messages waiting on your answer service before beginning to download. If you do not do or a call tries to come in as you are attempting the download, it will not be successful.

Check that you have indeed downloaded your work and eprogress before switching off your machine. If you get an error message then you will need to try again.

6. The Interview

We will have written to Garda Headquarters to advise them that this study is taking place before fieldwork begins. You should contact the local Garda station in the area you are to work in to tell them when you will be working, car registration (if asked for) etc. This can be in person but is acceptable by phone.

You should conduct the interview in a one-to-one setting. This is desirable for most surveys: **in this study it is essential**.

The purpose of the interview is to determine the respondent's use of tobacco, alcohol, drugs sometimes used as medicines and illegal drugs. While the use of illegal drugs these days is not necessarily seen as something to be embarrassed about or kept quiet by those who use them, nevertheless, many people would not freely talk about their use of these types of drugs in front of members of their family.

For the majority of respondents the interview will take less than 20 minutes. However try where possible to be invited into the home so that you can sit down with your laptop. The letter that will be sent in advance explains that you will be using a laptop computer to carry out the interview. If invited into a living room with other members of the household present, decline and say something like – *"I don't want to disturb them, can we do the interview in the hall or the kitchen or somewhere we can be private?"* If you have access to an electrical socket, please plug your machine in. If you haven't access to a socket, don't worry as you will have plenty of battery power. However if you use battery to interview then be sure to charge it up again before going out the next day.

Reassure respondents at the beginning of the interview about confidentiality. Their names and individual address will not be linked to their answers. Indeed the only reason for taking their names and telephone numbers (remember you are at the address) is to check that you, the interviewer, have carried out your work accurately. Explain as you usually do about backchecking and give whatever reassurance is needed as to their complete anonymity.

Point out *if you need to* that their name doesn't go on the questionnaire and that the answers of all the people interviewed on this study (5,000 in total) are input to computers like yours using numbers and that the results of all the 5,000 are produced as statistics, tables of figures etc.

You must ask all the questions using the exact wording, and show the cards which are designed not only to speed up the answering process but to ensure that all respondents are presented with the same choices. You must not (as in all surveys) betray any emotion or reaction to any of the answers given to your questions.

You must appear interested in what your respondent says in order to encourage him/her to keep answering but please **do not engage in discussion or pass any opinion about the topic of the study or answers** you have been given.

If it helps secure an interview or in response to the enquiry *"What's it for?"* you may tell your respondent (or contact) that although everyone has an opinion about the prevalence of drug use in Ireland, this study is to provide real information. You may advise them of the earlier study and direct them to the NACD website.

You will have photocopies of the front page of a bulletin that NACD released after the last study which you can show them as well as copies of the client letter. You have copies of FAQ sheet which may answer respondents' queries.

You can explain if you need to that the results of this study will be published in the late summer of 2007. The information gathered from this study will be used by various government departments to plan resources needed for education, rehabilitation etc. You also have an actual published bulletin which you can show to respondents so that they can understand how the results are collated and used. **Do not leave this with anyone as you will have only one copy of the actual bulletin.**

Any contact or respondent can contact NACD at any time for reassurances about their participation or indeed any worries they may have. If you sense someone has concerns either about drug use or the interview they have given you leave them a copy of the client letter and point out that they can ring the director or any of her colleagues at any time.

7. The Questionnaire (and Show Cards)

This is straightforward and clearly set out and flows well.

Remember to read out the entire preamble on the information screens. Information screens are marked "pause."

One of the joys of carrying out an interview using CAPI is that you don't have to think about routing or what to ask next. Ask the questions as written and use the show cards where instructed. Their use will minimize the risk of embarrassment at potentially sensitive questions and answers, as respondents can call you out a number rather than have to tell you something that may be embarrassing.

Each section is laid out in similar fashion, as is the type of question. The exact words must be used. Do not abbreviate questions or leave any out. Do not assume that you know the answer to a particular question because of a previous answer. You will find that the questions will begin to flow rhythmically after the first couple of sections.

Where exact ages or number of days is required to be recorded and a respondent may not be sure, get them to give you their best estimate.

For example, if you are talking to a smoker in his mid forties and he cannot remember whether he was 14 or 15 when he first smoked tobacco products ask him just to give you the one he thinks. He needs to make the decision, not you! Try hard to get a figure.

Don't knows are not very useful to anyone so we really don't want too many of them. Don't offer the "Don't know" or "Refused" options to your respondents and only use them if they **really cannot** or **will not** give you an answer to the question. These options are present at every question but must only be used in exceptional circumstances.

You will introduce the show cards at Q 15. This is a picture card which explains the approximate number of "standard alcoholic drinks" for each common type of drink. Allow your respondent time to understand this card before asking question 15.

When using the subsequent cards, where applicable, ask the respondent just to call you out the number that applies to the answer. **Be certain that they are giving you the code against the answer by checking the answer you are given a couple of times.** For example say "Is that code 2 or two times?"

Control the use of the show-cards and allow the respondent to look only at the card relevant to the question. The card numbers match the question numbers.

Show Card 16: Ask Q 16 – *"Have you ever heard of any of these?"* – showing the relevant card at the same time. If 'yes' you will ask the questions in this section. If none are heard of then code 'no' and you will be routed to the next section.

Using the appropriate show cards and reading out the questions as they appear , continue in this way for all sections.

Be careful to enter the number which relates to the answer the respondent has given you. It is an easy thing to enter the number 2 (for no) instead of the number 1 (for yes) and so miss asking the correct questions in that section.

Encourage the respondent to look at the show card that introduces each section as you ask the subsequent questions in each section.

Use the link between the sections, enabling you to progress from legal drugs, tobacco, alcohol and drugs sometimes used as medicines to illegal drugs.

Read out the preamble before Q 154 as the questionnaire moves away from collecting facts to collecting opinions. Please do not get drawn into a discussion with a respondent at these questions or indeed at any others.

Note the wording of Q155; **Not disapproving** is not the same as approving and it may be helpful to emphasise the **not dis**approve slightly when reading out the question.

Q.157, Note that this question is about **risk**, not whether or not they disapprove. You may remind them of this by reading out the question again and emphasise the words "risk harming themselves".
if your respondent asks what is meant by "Have five or more drinks at the weekend", you may clarify that this means having five or more drinks, on any one occasion at the weekend. It does not mean 5 drinks in total across all three days.

Q.158 will be asked of those who drink or have ever drunk alcohol. If the age your respondent gives you is an age earlier than the age at which he/she first drank alcohol the answer will not be accepted and you will have to get your respondent to think again.
The word "regularly" means different things to different people so it is whatever your respondent means by regularly.

This applies to all the questions relating to the age at which a respondent first took a substance regularly. Should the respondent not have "ever" taken the substance these questions will not be asked.

Should a respondent give you two or more answers to a question which has been set up as a single code it will not be possible to enter two codes. You will need to ask your respondent to choose the most appropriate answer from those answers he or she has already given you.

Q181 asks if the respondent has taken any other illegal or illicit drug not already mentioned. If the answer is yes then you ask and record the name of this drug.

At any point in the questionnaire, if you sense that your respondent is uneasy about any of the questions or answers that you are recording, please take the time to reassure him/her about confidentiality. This reassurance should always be offered before you begin collecting the classification data.

8. Classification Section

Having completed the interview you do not want respondents to feel concerned or nervous about giving you personal information about themselves or the household so please ask the classification questions in as relaxed a fashion as you have asked the rest of the questionnaire.
Some of the questions on this classification section you are well used to, others may be new to you. Use show cards throughout the classification section where directed.

C1a asks for the respondent's date of birth. This should match the age that the respondent has already given you and if it does not the script will ask you which is correct.
C4. This question regarding the ethnicity of the respondent is worded as the last census so you should not have any problems with it. Ask the respondent to call you out the number from the card.

Please collect as much information as you can about the occupation of the Chief Income Earner in order to be able to arrive at the correct social grading.

Please note that there is a slight change in how we determine the occupation of the Chief Income Earner. Q C10 is now an ASK ALL question and the description which BEST describes the CIE includes "working full time or part time".

Please familiarise yourself with the other questions, and be sure to code up answers accurately.

If you have any comments about the interview record these in the comments box at the end and don't forget, you need to move on until you reach the "New" screen before an interview is complete and saved on your laptop. If you don't want to record comments in front of the respondent then stop and save your interview so that you can complete when you leave. Please remember that your interview isn't "saved", i.e. safe until you have reached the "new" screen again.

Do remember to leave a completed thank you letter with each respondent. It is useful for respondents to have a contact number if they have any queries or concerns after you leave.

9. The Interviewer's Role

This is all important. Please always remember that this important work could not be undertaken without skills such as yours.

The quality of the information collected (and reported on) depends on your interviewing ability, people skills, accuracy and powers of persuasion.

Follow the procedures of selection correctly. If you don't, the validity of the sample and the accuracy of the results could be affected. The sample is only representative if:

1. **You** select the correct person;
2. **You** never interview a substitute, no matter how difficult it is to make contact with the selected person.
3. **You** make every effort to contact and take an interview at every address;
4. **You** use all your skill to persuade a reluctant respondent to take part.

You can tell people how important this study is and that the results will be published next year. **Assure them that there are no right or wrong answers and that their answers are of value to the final outcome of the study**. Again if you feel it will help, stress the fact that all information given is treated in the strictest confidence.

Show them your copy of the bulletin so they understand how their answers will be used.

If you are told by your contact or your selected respondent that he/she is too busy assure them that you will come back at a more convenient time. Do your best to make them feel that their participation is important and that it isn't any trouble for you to call back. Sometimes this sort of courtesy will swing the balance in your favour and you will get the interview there and then.

In other words, do your utmost to make contact and secure an interview with the correct respondent.

Unlike quota studies you cannot just keep moving on until you find someone who meets your quota requirements.

Pre-selected or random studies like this one give much more accurate results, which is why this methodology is being used.

10. Materials Check List

- These Instructions
- * Set of questions to show to deaf respondents
- 24 Contact Sheets Main Sample
- Tally sheet for all addresses
- * Show Cards in plastic pockets containing Illustration of Standard Alcoholic Drinks, show card 15 to Show card 120 plus classification cards C2 to C14.
- * Kish Grid 1- Household Selection Table(PINK)
- * Kish Grid 2- Property in Rural Areas Selection Table(YELLOW)
- * 6 copies of letter to Households
- * 3 Parental Permission Letters (2 copies of each) (GREEN)
- * Note to request music voucher after at least two attempts to contact 15-24 year olds (i.e. original contact call plus two attempts)
- * 6 Appointment Cards (YELLOW)
- * 6 Calling Cards (WHITE)
- * Copy of Director's letter to Garda Headquarters(BLUE)
- Form for local Garda Station (you do not need to call in person but do advise that you will be working in the area.)
- * 6 copies of Client letter explaining survey
- * 6 copies of Bulletin 3 – Cannabis Results released by NACD on last survey
- * 6 copies of FAQ sheets (MINI BOOKLETS)
- 24 Thank You letters
- Pay Claims (You may submit a pay claim when you have finished a point or claim fortnightly.)
- Return Envelopes for pay claim and the return of contact sheets.
- 1 complete Bulletin 3 or 4 (for showing to respondents only)

Please do <u>not</u> discard any of the * items above, <u>nor</u> return them to the office with pay claims.

On subsequent points you may not be sent as many copies of these. If at any time you require additional materials please request these **in writing** from Dublin office or by telephone to Marianne, who will put your request in writing.

If you have any queries about the survey or the interviewing software please get in touch with us immediately.

Everyone should have a copy of the CAPI training manual and the manual for the laptop. If you haven't got these please let us know.

O. Sampling Points

Sample Point	Area Detail	County	Former Health Board
68	ASHTOWN A	DUBLIN	ERHA
70	AYRFIELD	DUBLIN	ERHA
72	BALLYBOUGH B	DUBLIN	ERHA
73	BALLYGALL A	DUBLIN	ERHA
77	BALLYMUN A	DUBLIN	ERHA
78	BALLYMUN B	DUBLIN	ERHA
79	BALLYMUN C	DUBLIN	ERHA
81	BALLYMUN E	DUBLIN	ERHA
83	BEAUMONT A	DUBLIN	ERHA
84	BEAUMONT B	DUBLIN	ERHA
85	BEAUMONT C	DUBLIN	ERHA
86	BEAUMONT D	DUBLIN	ERHA
88	BEAUMONT F	DUBLIN	ERHA
91	BOTANIC C	DUBLIN	ERHA
97	CABRA WEST C	DUBLIN	ERHA
99	CLONTARF EAST A	DUBLIN	ERHA
100	CLONTARF EAST B	DUBLIN	ERHA
109	DRUMCONDRA SOUTH A	DUBLIN	ERHA
112	EDENMORE	DUBLIN	ERHA
113	FINGLAS NORTH A	DUBLIN	ERHA
114	FINGLAS NORTH B	DUBLIN	ERHA
115	FINGLAS NORTH C	DUBLIN	ERHA
120	GRACE PARK	DUBLIN	ERHA
136	MOUNTJOY B	DUBLIN	ERHA
140	NORTH DOCK C	DUBLIN	ERHA
142	PRIORSWOOD A	DUBLIN	ERHA
149	RAHENY-ST.ASSAM	DUBLIN	ERHA
162	CRUMLIN B	DUBLIN	ERHA
166	CRUMLIN F	DUBLIN	ERHA
168	DRUMFINN	DUBLIN	ERHA
173	KILMAINHAM C	DUBLIN	ERHA
177	KIMMAGE D	DUBLIN	ERHA
179	KYLEMORE	DUBLIN	ERHA
183	MERCHANTS QUAY B	DUBLIN	ERHA
184	MERCHANTS QUAY C	DUBLIN	ERHA
188	PEMBROKE EAST A	DUBLIN	ERHA
190	PEMBROKE EAST C	DUBLIN	ERHA
192	PEMBROKE EAST E	DUBLIN	ERHA
194	PEMBROKE WEST B	DUBLIN	ERHA
195	PEMBROKE WEST C	DUBLIN	ERHA

Sample Point	Area Detail	County	Former Health Board
201	RATHMINES WEST A	DUBLIN	ERHA
205	RATHMINES WEST E	DUBLIN	ERHA
206	RATHMINES WEST F	DUBLIN	ERHA
207	ROYAL EXCHANGE A	DUBLIN	ERHA
209	SAINT KEVIN'S	DUBLIN	ERHA
210	SOUTH DOCK	DUBLIN	ERHA
213	TERENURE C	DUBLIN	ERHA
215	USHERS A	DUBLIN	ERHA
216	USHERS B	DUBLIN	ERHA
219	USHERS E	DUBLIN	ERHA
220	USHERS F	DUBLIN	ERHA
225	WOOD QUAY B	DUBLIN	ERHA
228	BALLINTEER-LUDFORD	DUBLIN	ERHA
229	BALLINTEER-MARLEY	DUBLIN	ERHA
230	BALLINTEER-MEADOWBROADS	DUBLIN	ERHA
232	BALLINTEER-WOODPARK	DUBLIN	ERHA
236	BLACKROCK-CENTRAL	DUBLIN	ERHA
237	BLACKROCK-GLENOMENA	DUBLIN	ERHA
238	BLACKROCK-MONKSTOWN	DUBLIN	ERHA
242	BLACKROCK-TEMPLEHILL	DUBLIN	ERHA
247	CABINTEELY-POTTERY	DUBLIN	ERHA
259	DALKEY-BULLOCK	DUBLIN	ERHA
261	DALKEY HILL	DUBLIN	ERHA
262	DALKEY UPPER	DUBLIN	ERHA
265	DUNDRUM-SANDYFORD	DUBLIN	ERHA
266	DUNDRUM-SWEETMOUNT	DUBLIN	ERHA
271	DUN LAOGHAIRE-MONKSTOWN FARM	DUBLIN	ERHA
273	DUN LAOGHAIRE-SALLYNOGGIN EAST	DUBLIN	ERHA
274	DUN LAOGHAIRE-SALLYNOGGIN SOUTH	DUBLIN	ERHA
276	DUN LAOGHAIRE-SANDYCOVE	DUBLIN	ERHA
283	GLENCULLEN	DUBLIN	ERHA
285	KILLINEY SOUTH	DUBLIN	ERHA
286	SHANKILL-RATHMICHAEL	DUBLIN	ERHA
299	BALBRIGGAN URBAN	DUBLIN	ERHA
300	BALDOYLE	DUBLIN	ERHA
301	BALGRIFFIN	DUBLIN	ERHA
305	BLANCHARDSTOWN-BLAKESTOWN	DUBLIN	ERHA
307	BLANCHARDSTOWN-CORDUFF	DUBLIN	ERHA
312	CASTLEKNOCK-KNOCKMAROON	DUBLIN	ERHA
313	CASTLEKNOCK-PARK	DUBLIN	ERHA
315	DONABATE	DUBLIN	ERHA
320	HOWTH	DUBLIN	ERHA
327	PORTMARNOCK NORTH	DUBLIN	ERHA

Sample Point	Area Detail	County	Former Health Board
330	SKERRIES	KILDARE	ERHA
331	SUTTON	DUBLIN	ERHA
332	SWORDS-FORREST	DUBLIN	ERHA
333	SWORDS-GLASMORE	DUBLIN	ERHA
334	SWORDS-LISSENHALL	DUBLIN	ERHA
335	SWORDS-SEATOWN	DUBLIN	ERHA
392	ATHY URBAN WEST	KILDARE	ERHA
395	NAAS URBAN	KILDARE	ERHA
397	ATHY RURAL	KILDARE	ERHA
428	CELBRIDGE	KILDARE	ERHA
433	LEIXLIP	KILDARE	ERHA
434	MAYNOOTH	KILDARE	ERHA
441	CLONCURRY	KILDARE	ERHA
455	BODENSTOWN	KILDARE	ERHA
458	CLANE	KILDARE	ERHA
461	DROICHEAD NUA RURAL	KILDARE	ERHA
468	KILL	KILDARE	ERHA
474	MORRISTOWNBILLER	KILDARE	ERHA
480	RATHERNAN	KILDARE	ERHA
482	ROBERTSTOWN	KILDARE	ERHA
341	BALLYBODEN	DUBLIN	ERHA
345	CLONDALKIN-DUNAWLEY	DUBLIN	ERHA
346	CLONDALKIN-MONASTERY	DUBLIN	ERHA
348	CLONDALKIN-ROWLAGH	DUBLIN	ERHA
349	CLONDALKIN VILLAGE	DUBLIN	ERHA
351	FIRHOUSE-BALLYCULLEN	DUBLIN	ERHA
353	FIRHOUSE VILLAGE	DUBLIN	ERHA
354	LUCAN-ESKER	DUBLIN	ERHA
356	LUCAN- ST.HELENS	DUBLIN	ERHA
358	PALMERSTON VILLAGE	DUBLIN	ERHA
359	PALMERSTON WEST	DUBLIN	ERHA
364	RATHFARNHAM- ST. ENDA'S	DUBLIN	ERHA
366	SAGGART	DUBLIN	ERHA
369	TALLAGHT-FETTERCAIRN	DUBLIN	ERHA
371	TALLAGHT-JOBSTOWN	DUBLIN	ERHA
374	TALLAGHT-KILTIPPER	DUBLIN	ERHA
377	TALLAGHT-OLDBAWN	DUBLIN	ERHA
378	TALLAGHT-SPRINGFIELD	DUBLIN	ERHA
381	TEMPLEOGUE-KIMMAGE MANOR	DUBLIN	ERHA
386	TERENURE-CHERRYFIELD	DUBLIN	ERHA
1276	ARKLOW NO.1 URBAN	WICKLOW	ERHA
1281	BRAY URBAN NO.3	WICKLOW	ERHA
1285	WICKLOW URBAN	WICKLOW	ERHA
1295	HARTSTOWN	WICKLOW	ERHA

Sample Point	Area Detail	County	Former Health Board
1312	DELGANY	WICKLOW	ERHA
1314	GREYSTONES	WICKLOW	ERHA
1283	KILMACANOGE	WICKLOW	ERHA
1341	NEWCASTLE LOWER	WICKLOW	ERHA
1342	NEWCASTLE UPPER	WICKLOW	ERHA
1343	OLDTOWN	WICKLOW	ERHA
1353	CARNEW	WICKLOW	ERHA
1364	TINAHELY	WICKLOW	ERHA
620	COLT	LAOIS	MHB
653	BALLYBRITTAS	LAOIS	MHB
656	BORRIS	LAOIS	MHB
672	KILMULLEN	LAOIS	MHB
678	MOUNTMELLICK URBAN	LAOIS	MHB
683	PORTLAOIGHISE RURAL	LAOIS	MHB
684	PORTLAOIGHISE URBAN	LAOIS	MHB
708	GRAIGUE RURAL	LAOIS	MHB
715	LONGFORD NO.1 URBAN	LONGFORD	MHB
719	AGHARRA	LONGFORD	MHB
720	BALLYMAHON	LONGFORD	MHB
761	CALDRAGH	LONGFORD	MHB
935	BIRR URBAN	OFFALY	MHB
937	TULLAMORE URBAN	OFFALY	MHB
943	CLOGHAN	OFFALY	MHB
948	DROMOYLE	OFFALY	MHB
969	SRAH	OFFALY	MHB
1004	DAINGEAN	OFFALY	MHB
1005	DERRYCOOLY	OFFALY	MHB
1018	RAHAN	OFFALY	MHB
1026	TULLAMORE RURAL	OFFALY	MHB
1041	MOATE	WESTMEATH	MHB
1043	MOYDRUM	WESTMEATH	MHB
1060	FINNEA	WESTMEATH	MHB
1073	DELVIN	WESTMEATH	MHB
1103	ENNISCOFFEY	WESTMEATH	MHB
1115	KILLUCAN	WESTMEATH	MHB
1116	KINNEGAD	WESTMEATH	MHB
1122	MULLINGAR RURAL	WESTMEATH	MHB
1123	MULLINGAR NORTH URBAN	WESTMEATH	MHB
1124	MULLINGAR SOUTH URBAN	WESTMEATH	MHB
1367	ENNIS URBAN NO.1	CLARE	MWHB
1375	KILRUSH URBAN	CLARE	MWHB
1400	CLENAGH	CLARE	MWHB
1372	ENNIS RURAL	CLARE	MWHB
1432	KILLILAGH	CLARE	MWHB

Sample Point	Area Detail	County	Former Health Board
1462	KILBALLYOWEN	CLARE	MWHB
1467	KILMIHIL	CLARE	MWHB
1482	BALLYCANNAN	CLARE	MWHB
1489	FAHYMORE	CLARE	MWHB
2143	ABBEY B	LIMERICK	MWHB
2150	CASTLE B	LIMERICK	MWHB
2160	GALVONE A	LIMERICK	MWHB
2178	SINGLAND B	LIMERICK	MWHB
2199	KILPEACON	LIMERICK	MWHB
2202	FLEANMORE	LIMERICK	MWHB
2204	KILFERGUS	LIMERICK	MWHB
2213	CAHERCORNEY	LIMERICK	MWHB
2225	KNOCKAINY	LIMERICK	MWHB
2232	ABINGTON	TIPPERARY	MWHB
2234	BALLYCUMMIN	LIMERICK	MWHB
2235	BALLYSIMON	LIMERICK	MWHB
2236	BALLYVARRA	LIMERICK	MWHB
2240	CAPPAMORE	LIMERICK	MWHB
2248	LIMERICK NORTH RURAL	LIMERICK	MWHB
3669	CARRICKATEE	MONAGHAN	NEHB
3673	CREMARTIN	MONAGHAN	NEHB
3474	BUNCRANA URBAN	DONEGAL	NWHB
3478	LETTERKENNY URBAN	DONEGAL	NWHB
3496	EANYMORE	DONEGAL	NWHB
3503	TANTALLON	DONEGAL	NWHB
3516	MAGHERACLOGHER	DONEGAL	NWHB
3537	KILLYBEGS	DONEGAL	NWHB
3541	MAGHERY	DONEGAL	NWHB
3542	MALINBEG	DONEGAL	NWHB
3551	BURT	DONEGAL	NWHB
3557	DESERTEGNY	DONEGAL	NWHB
3564	ILLIES	DONEGAL	NWHB
3566	KILDERRY	DONEGAL	NWHB
3579	CASTLEWRAY	DONEGAL	NWHB
3588	MAGHERABOY	DONEGAL	NWHB
3594	CARRICKART	DONEGAL	NWHB
3606	MILLFORD	DONEGAL	NWHB
3611	TERMON	DONEGAL	NWHB
3622	FIGART	DONEGAL	NWHB
3623	GLENEELY	DONEGAL	NWHB
2923	NEWTOWNGORE	LEITRIM	NWHB
2930	CARRICK-on-SHANNON	LEITRIM	NWHB
2953	BELHAVEL	LEITRIM	NWHB
2992	MOHILL	LEITRIM	NWHB

Sample Point	Area Detail	County	Former Health Board
3285	SLIGO EAST URBAN	SLIGO	NWHB
3286	SLIGO NORTH URBAN	SLIGO	NWHB
3287	SLIGO WEST URBAN	SLIGO	NWHB
3306	CASTLECONOR WEST	SLIGO	NWHB
3308	DROMARD WEST	SLIGO	NWHB
3323	BALLYMOTE	SLIGO	NWHB
3332	CLIFFONY SOUTH	SLIGO	NWHB
3354	BANADA	SLIGO	NWHB
8	HACKETSTOWN	CARLOW	SEHB
5	CARLOW RURAL	CARLOW	SEHB
488	KILKENNY NO.1 URBAN	KILKENNY	SEHB
489	KILKENNY NO.2 URBAN	KILKENNY	SEHB
500	KILMANAGH	KILKENNY	SEHB
510	TUBBRID	TIPPERARY	SEHB
542	KILKENNY RURAL	KILKENNY	SEHB
594	AGLISH	KILKENNY	SEHB
605	PORTNASCULLY	KILKENNY	SEHB
2421	CLONMEL WEST URBAN	TIPPERARY	SEHB
2435	BALLYSHEEHAN	TIPPERARY	SEHB
2462	CAHER	TIPPERARY	SEHB
2472	TULLAGHORTON	TIPPERARY	SEHB
2422	CLONMEL RURAL	TIPPERARY	SEHB
2507	DRUMWOOD	TIPPERARY	SEHB
2523	BALLYBEG NORTH	WATERFORD	SEHB
2524	BALLYBEG SOUTH	WATERFORD	SEHB
2533	CLEABOY	WATERFORD	SEHB
2540	GRANGE SOUTH	WATERFORD	SEHB
2568	CLONEA	WATERFORD	SEHB
2600	SESKINAN	WATERFORD	SEHB
2633	LISMORE URBAN	WATERFORD	SEHB
2651	TRAMORE	WATERFORD	SEHB
1142	ENNISCORTHY URBAN	WEXFORD	SEHB
1145	NEW ROSS URBAN	WEXFORD	SEHB
1156	BALLYHUSKARD	WEXFORD	SEHB
1189	BALLYCANEW	WEXFORD	SEHB
1195	COOLGREANY	WEXFORD	SEHB
1198	GOREY RURAL	WEXFORD	SEHB
1219	CARRICKBYRNE	WEXFORD	SEHB
1236	TEMPLETOWN	WEXFORD	SEHB
1245	BALLYMITTY	WEXFORD	SEHB
1251	FORTH	WEXFORD	SEHB
1268	ST. HELEN'S	WEXFORD	SEHB
1272	WEXFORD RURAL	WEXFORD	SEHB
1539	BALLYPHEHANE A	CORK	SHB

Sample Point	Area Detail	County	Former Health Board
1542	BISHOPSTOWN B	CORK	SHB
1543	BISHOPSTOWN C	CORK	SHB
1550	CENTRE B	WATERFORD	SHB
1567	GLASHEEN C	CORK	SHB
1574	KNOCKNAHEENY	CORK	SHB
1576	KNOCKREA B	CORK	SHB
1578	MAHON B	CORK	SHB
1579	MAHON C	CORK	SHB
1581	MAYFIELD	CORK	SHB
1583	MONTENOTTE B	CORK	SHB
1587	ST. PATRICK'S	LEITRIM	SHB
1597	THE GLEN B	CORK	SHB
1620	MACROOM URBAN	CORK	SHB
1629	YOUGHAL URBAN	CORK	SHB
1633	BALLYMODAN	CORK	SHB
1663	MEALAGH	CORK	SHB
1692	KNOCKS	CORK	SHB
1700	BALLYGARVAN	CORK	SHB
1704	BLARNEY	CORK	SHB
1706	CARRIGALINE	CORK	SHB
1709	COBH RURAL	CORK	SHB
1710	DOUGLAS	CORK	SHB
1716	INISHKENNY	CORK	SHB
1720	LEHENAGH	CORK	SHB
1725	RATHCOONEY	CORK	SHB
1726	RIVERSTOWN	CORK	SHB
1727	ST. MARY'S	CORK	SHB
1739	DUNMANWAY NORTH	CORK	SHB
1742	KINNEIGH	CORK	SHB
1774	BANTEER	CORK	SHB
1810	BALLYMARTLE	CORK	SHB
1847	SLIEVEREAGH	CORK	SHB
1849	WARRENSCOURT	CORK	SHB
1851	ARDSKEAGH	CORK	SHB
1865	MALLOW RURAL	CORK	SHB
1869	RATHLUIRC	CORK	SHB
1874	TEMPLEMARY	CORK	SHB
1898	COOMLOGANE	CORK	SHB
1903	DRISHANE	CORK	SHB
2036	BALLYHAR	KERRY	SHB
2076	CLOONTUBBRID	KERRY	SHB
2082	KILFEIGHNY	KERRY	SHB
2091	LISTOWEL RURAL	KERRY	SHB
2107	BALLYNAHAGLISH	KERRY	SHB

Sample Point	Area Detail	County	Former Health Board
2109	BALLYSEEDY	KERRY	SHB
2119	CRINNY	KERRY	SHB
2131	KNOCKNAGASHEL	KERRY	SHB
1971	TRALEE RURAL	KERRY	SHB
2663	BALLYBAAN	GALWAY	WHB
2665	BARNA	GALWAY	WHB
2667	CLADDAGH	GALWAY	WHB
2668	DANGAN	GALWAY	WHB
2672	MENLOUGH	GALWAY	WHB
2673	MERVUE	GALWAY	WHB
2683	TAYLORS HILL	GALWAY	WHB
2687	BALLINASLOE URBAN	GALWAY	WHB
2700	KILLORAN	GALWAY	WHB
2727	SKANNIVE	GALWAY	WHB
2729	ANNAGHDOWN	GALWAY	WHB
2730	AUGHRIM	GALWAY	WHB
2735	CARNMORE	GALWAY	WHB
2760	CREGGS	GALWAY	WHB
2778	CASTLETAYLOR	GALWAY	WHB
2811	KILLOGILLEEN	GALWAY	WHB
2820	LOUGHREA URBAN	GALWAY	WHB
2853	OUGHTERARD	GALWAY	WHB
2855	TURLOUGH	MAYO	WHB
2870	PORTUMNA	GALWAY	WHB
2895	HILLSBROOK	GALWAY	WHB
2911	TUAM RURAL	GALWAY	WHB
3005	CASTLEBAR URBAN	MAYO	WHB
3008	WESTPORT URBAN	MAYO	WHB
3035	RATHOMA	MAYO	WHB
3037	SRAHEEN	MAYO	WHB
3040	BALLINROBE	MAYO	WHB
3006	CASTLEBAR RURAL	MAYO	WHB
3100	COURSE	MAYO	WHB
3129	SWINEFORD	MAYO	WHB
3147	DOOEGA	MAYO	WHB
3151	GLENHEST	MAYO	WHB
3227	BALLINLOUGH	ROSCOMMON	WHB
3234	CASTLEREAGH	ROSCOMMON	WHB
3247	BALLYGARDEN	ROSCOMMON	WHB
2286	NEWCASTLE RURAL	LIMERICK	MWHB
2293	ASKEATON EAST	LIMERICK	MWHB
2312	PALLASKENRY	LIMERICK	MWHB
2329	TEMPLEMORE	TIPPERARY	MWHB
2331	THURLES URBAN	TIPPERARY	MWHB

Sample Point	Area Detail	County	Former Health Board
2336	BORRISOKANE	TIPPERARY	MWHB
2371	KILNANEAVE	TIPPERARY	MWHB
2375	LATTERAGH	TIPPERARY	MWHB
2402	LITTLETON	TIPPERARY	MWHB
2410	THURLES RURAL	TIPPERARY	MWHB
3404	BALLYJAMESDUFF	CAVAN	NEHB
3406	KILBRIDE	CAVAN	NEHB
3417	BELLANANAGH	CAVAN	NEHB
3434	DERRIN	CAVAN	NEHB
3448	MILLTOWN	CAVAN	NEHB
3449	MOYNEHALL	CAVAN	NEHB
3456	WATERLOO	CAVAN	NEHB
776	FAIR GATE	LOUTH	NEHB
777	ST. LAURENCE GATE	LOUTH	NEHB
778	WEST GATE	LOUTH	NEHB
783	DUNDALK URBAN NO.2	LOUTH	NEHB
785	DUNDALK URBAN NO.4	LOUTH	NEHB
790	ARDEE RURAL	LOUTH	NEHB
798	DUNLEER	LOUTH	NEHB
800	TALLANSTOWN	LOUTH	NEHB
808	DARVER	LOUTH	NEHB
787	DUNDALK RURAL	LOUTH	NEHB
813	HAGGARDSTOWN	LOUTH	NEHB
780	ST. MARY'S	MEATH	NEHB
832	NAVAN URBAN	MEATH	NEHB
843	DONAGHMORE	MEATH	NEHB
844	DUNBOYNE	MEATH	NEHB
852	RODANSTOWN	MEATH	NEHB
871	MOYNALTY	MEATH	NEHB
881	DULEEK	MEATH	NEHB
892	KENTSTOWN	MEATH	NEHB
893	NAVAN RURAL	MEATH	NEHB
906	OLDCASTLE	MEATH	NEHB
932	TRIM RURAL	MEATH	NEHB
3636	CARRICKMACROSS URBAN	MONAGHAN	NEHB
3644	MONAGHAN URBAN	MONAGHAN	NEHB
3647	BALLYMACKNEY	MONAGHAN	NEHB
3652	DONAGHMOYNE	MONAGHAN	NEHB

P. Statistical Technical Report

PREPARED FOR THE NATIONAL ADVISORY COMMITTEE ON DRUGS (NACD)

DESIGN EFFECTS AND CONFIDENCE INTERVALS

AUTHOR: PETER MÜHLAU

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1 CONFIDENCE INTERVALS FOR PROPORTIONS

Sampling

For the NACD population surveys, not all persons in the sampling frame were interviewed, but only a relative small selection of about 5,000 persons, the sample. Hence, the prevalence rates calculated from the sample are only *estimates* of the prevalence rate in the frame population. The same sample design, i.e. the same procedure to derive the sample, could have resulted in an almost infinite number of different samples. If prevalence rates would be calculated for these potential samples, the estimated prevalence rates would vary somewhat. This variation is called the *sampling variance*. The higher the sampling variance the lower the precision of an estimate derived from a particular sample.

Confidence intervals

For the evaluation of the findings of the NACD population surveys it is therefore useful to provide not only the sample prevalence rate as estimate of the population prevalence rate, the *point estimate*, but also an indication of how reliable or precise this estimate is. Such an indication is provided by *confidence intervals*. A confidence interval is an *interval estimate* for a population parameter with an associated probability, the *confidence level*. For studies like the NACD drug prevalence studies, the confidence level is typically 95%. A 95%-confidence interval means that if the sampling was repeated numerous times and a confidence interval calculated for each sample, 95 percent of the confidence intervals should contain the population prevalence rate.

Quality of methods to estimate confidence intervals

There are many different methods to estimate confidence intervals. Given the variety of methods, researchers should select methods to determine confidence intervals that are best suited for the purpose of their study. The main criterion to evaluate the quality of a confidence interval method is how likely confidence intervals estimated by a specific method cover the population value. The confidence level of a confidence interval is also called the *nominal coverage*. The question of how the *actual coverage* of a confidence interval compares with the nominal coverage is typically examined in simulation studies where samples are repeatedly drawn from a population with known characteristics. The percentage of confidence intervals containing the population rate is established and this coverage probability is compared with the nominal coverage. *Under-coverage* is considered to be undesirable, i.e. the percentage of confidence intervals covering the population rate should not be systematically smaller than the confidence level. Given satisfactory coverage, the *width* of the confidence intervals is a second criterion, where more narrow confidence intervals are preferred to wider ones. Finally, consideration should be given to *computational requirements*.

The 'conservatism' issue

While there is general agreement that under-coverage should be avoided, there is some disagreement of what characterises a confidence interval with good coverage properties. Confidence interval methods do not perform uniformly across all possible combinations of prevalence rates in the population, π, and samples of different sizes n. The first position is that a good method to determine confidence intervals should guarantee at least a coverage probability that is equal to the nominal coverage. This means that a 95% percent confidence interval should in all possible circumstances cover the population parameter in not less than 95 percent of the samples. This position has been criticised as 'too conservative' (e.g., Agresti and Coul, 1998; Brown et al., 2001). The alternative position is that a good method is characterised by confidence intervals where – across all possible combinations of population proportions and sample sizes – the actual coverage on average equals the nominal coverage.

We adopt in the evaluation of the methods a differentiated approach: With regard to confidence intervals for prevalence rates we choose a more conservative or cautious position, arguing for methods that guarantee actual coverage of at least the nominal value for the combinations of population proportions and sample sizes that are relevant in the drug surveys. With regard to confidence for differences between proportions, i.e. comparisons between the 2002 and 2006 surveys, we prefer a less strict position. With regard to comparisons, the construction of the confidence intervals is directly related to hypotheses testing. In this context the avoidance of 'false negatives' is important: We wish to know whether the data provide enough evidence to reject the null-hypothesis that the prevalence rate

has not changed between 2002 and 2006 (and that observed differences in the prevalence rates are due to sampling error). In a hypothesis testing framework, two potential sources of error have to be considered: The likelihood that the null-hypothesis is rejected although the null-hypothesis is true (false positives) and the likelihood that the null-hypothesis is not rejected although the alternative hypothesis is true (false negatives). A more conservative approach to testing has as a consequence that the likelihood of false negatives increases, i.e. that the null hypothesis that drug use did not change between 2002 and 2006 is not rejected in spite of 'sufficient evidence' to the contrary. With regard to the prevalence rates, we adopt a more conservative position as there are no meaningful null or alternative hypotheses regarding the prevalence rates.

Sampling distribution of proportions

In order to calculate confidence intervals, an idea about the sampling distribution of the statistic in question is needed. The sampling distribution of a rate (i.e. a proportion) is binomially distributed. The shape of the sampling distribution depends on the 'true' prevalence rate in the population, π, and – in the case of simple random sampling -- the sample size *n*. The mean of the sampling distribution is π and the variance $\sigma^2 = \pi(1- \pi)/n$. Further, the sampling distribution of a proportion is not symmetric (if π is not exactly .5). The measure for the degree of asymmetry is called *skewness*. The skewness of the sampling distribution of a rate is a function of the population proportion and the sampling variance: $\gamma = (1-2\ \pi)/\sigma$, i.e. the smaller π (for $\pi < .5$), the more the mass of the distribution is concentrated on the left of the mean and the longer the right tail (positively skewed), and the larger π (for $\pi < .5$), the more the mass of the distribution is concentrated on the right of the mean and the longer the left tail (negatively skewed).

Confidence Intervals for single proportions: Wald

The standard method to calculate confidence intervals for rates is not based on the (binomial) sampling distribution, but on the approximation of the sampling distribution by the normal distribution. The normal approximation method of determining confidence intervals is based on the inverted Wald test (Wald procedure). The limits of the confidence is given by:

$$\left[\hat{p} - z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n}}; \hat{p} + z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n}} \right]$$

where

$\hat{p}$ is the sample proportion

n is the sample size

$z_{\alpha/2}$ is the value of the standard normal distribution such that the area to its right is equal to alpha/2.

Quality of Wald intervals

The Wald method has various deficiencies which are mainly related to the fact that the normal approximation does not reflect the skewness of the sampling distribution of proportions and that the width of the confidence interval converges towards zero when sample probability approaches zero. Various studies showed that the Wald method generates confidence intervals that grossly undercover the population parameter. The under-coverage is more severe when samples are small and when the population parameter is close to 0 percent (or close to 100 percent). While the former poses no problem for surveys with substantial sample size, the latter is a problem in drug prevalence studies. Prevalence rates for drug use are close to zero for many drugs and subpopulations in the population surveys. Therefore, Wald confidence intervals should not be used for population surveys on drug use. Wald confidence intervals have the additional problem that they provide no meaningful confidence intervals for rates that are zero and can generate lower confidence limits that are smaller than zero (*over-shooting*).

Confidence Intervals for single proportions: Clopper-Pearson

The Clopper-Pearson procedure to compute two-sided confidence intervals is based on the binomial procedure (Clopper and Pearson, 1937). The interval estimator is obtained by inverting the test procedure for two one-sided hypotheses, one for the lower limit and the other for the upper bound.
Due to the relationship of the cumulative binomial and beta distributions, the following formula for the confidence interval can be derived as a function of the observed number of drug users *k* and the sample size *n* (e.g., Krishnamoorthy, 2006: 38):

$\left[\Im^{-1}(\alpha/2;k;n-k+1);\Im^{-1}(1-\alpha/2;k+1;n-k)\right]$ for 0 < k < n;
$\left[0;\Im^{-1}(1-\alpha/2;k+1;n-k)\right]$ for k=0;
$\left[\Im^{-1}(\alpha/2;k;n-k+1);1\right]$ for k=n.

where $\Im^{-1}(p;a;b)$ is the inverse function of the beta distribution with quantile *p* and shape parameters *a* and *b*.

Quality of Clopper-Pearson intervals

Clopper-Pearson confidence intervals guarantee an actual coverage that is at least as high as nominal coverage, i.e. a 95%-confidence intervals covers the population rate with a probability larger than 95 percent. Clopper-Pearson intervals can show substantially higher coverage than the nominal coverage. However, the problem of over-coverage is less severe for large samples as the actual coverage approximates the nominal coverage with increasing n (Agresti, 2003). The results of one simulation study are particularly relevant for drug prevalence surveys because the study examines combinations of k and n how they are typically found in the drug prevalence surveys (Tobi et al., 2005). This study recommended the Clopper-Pearson procedure and showed that they generate confidence intervals that have higher coverage but are not wider than the highly regarded Wilson score method (see below; Tobi et al., 2005).

Confidence Intervals for difference between independent proportions: Wald

For the difference between rates, the standard method is again a Wald procedure (Wald confidence intervals for differences between proportions of independent samples). The limits of the Wald confidence intervals are given by::

$$\left[(\hat{p}_1-\hat{p}_2)-z_{\alpha/2}\sqrt{\frac{\hat{p}_1(1-\hat{p}_1)}{n_2}+\frac{\hat{p}_2(1-\hat{p}_2)}{n_2}};(\hat{p}_1-\hat{p}_2)+z_{\alpha/2}\sqrt{\frac{\hat{p}_1(1-\hat{p}_1)}{n_2}+\frac{\hat{p}_2(1-\hat{p}_2)}{n_2}}\right]$$

where p_1 hat and p_2 hat are the proportions observed in the first and the second sample and n_1 and n_2 the respective sample sizes.

Quality of Wald intervals for difference between proportions

For differences between rates, the Wald procedure shows similar coverage and overshoot problems as the Wald procedure for single proportions (Newcombe, 1998; Agresti and Coull, 2001). The performance of Wald is particularly problematic if either p_1 or p_2 approaches 0, conditions frequently met in the drug surveys.

Confidence Intervals for difference between independent proportions: Newcombe's hybrid score method

However, exact confidence intervals for the difference between proportions of independent samples (analogous to the Clopper-Pearson procedure for single proportions) are very difficult to compute. Newcombe (1998) has developed a 'hybrid score method' that is easier to compute than exact methods but avoids the pitfalls of the Wald method.

Exact confidence intervals for the difference between proportions of independent samples (analogous to the Clopper-Pearson procedure for single proportions) are very difficult to compute. Newcombe (1998) has developed a 'hybrid score method' that is easier to compute than exact methods but avoids the pitfalls of the Wald method. Newcombe hybrid score method is based on Wilson's score method (Wilson, 1927) for single proportion. Wilson score method derives a midpoint for the confidence intervals as a weighted average of the sample proportion and .5 (with the sample proportion gaining greater weight as the sample size rise). Further, the weighted average of the variance of the observed sample proportion and the variance of a proportion of .5 is used instead of the variance of the sample proportion as estimate of the sampling variation.

The Wilson score method derives the following confidence interval for the proportion estimate of sample i:

$$\left[\frac{\hat{p}_i + \frac{1}{2n_i}z^2_{1-\alpha/2} - z_{1-\alpha/2}\sqrt{\frac{1}{n_i}\left[\hat{p}_i(1-\hat{p}_i)+\frac{1}{4}z^2_{1-\alpha/2}\right]}}{1-\frac{1}{n_i}z^2_{1-\alpha/2}};\frac{\hat{p}_i + \frac{1}{2n_i}z^2_{1-\alpha/2} - z_{1-\alpha/2}\sqrt{\frac{1}{n_i}\left[\hat{p}_i(1-\hat{p}_i)+\frac{1}{4}z^2_{1-\alpha/2}\right]}}{1-\frac{1}{n_i}z^2_{1-\alpha/2}}\right]$$

For two samples 1 and 2 with p_1 hat > p_2 hat, the Newcombe hybrid score confidence interval for the difference between the proportion is derived from the lower and upper limits of the Wilson score intervals for single proportions:

$$\left[(\hat{p}_1-\hat{p}_2) - z_{\alpha/2}\sqrt{\frac{LL_{p_1}(1-LL_{p_1})}{n_1}+\frac{UL_{p_2}(1-UL_{p_2})}{n_2}};(\hat{p}_1-\hat{p}_2) + z_{\alpha/2}\sqrt{\frac{UL_{p_1}(1-UL_{p_1})}{n_1}+\frac{LL_{p_2}(1-LL_{p_2})}{n_2}}\right]$$

Quality of Newcombe hybrid score intervals

In several studies of the coverage qualities of confidence intervals for the difference between proportions, Newcombe hybrid score method belonged to the best-performing methods (while Wald was always the poorest performing method).

2 DESIGN EFFECTS

Complex surveys and sampling variance

The NACD population survey is a complex survey that differs in various aspects from single random sampling. As most population surveys that collect data by personal interviews, the survey uses a multi-stage design. In the first stage, *electoral districts* are selected as *primary sampling units.* Within the electoral districts, residential addresses (households) are randomly selected as *secondary sampling units*. The number of secondary sampling units is roughly proportional to the population size of the primary sampling units. One member of each household is selected as *final sampling unit* following a quasi-random procedure. In the first stage, *stratified random sampling* is employed for the selection of the primary sampling units. The strata are formed by health board areas and - in order to secure sufficient sub-sample sizes for the smaller health board areas – the number of sampled primary units is disproportional to the size of the health board population resulting in different inclusion probabilities of the secondary sampling units. Finally, the resulting sample has been weighted in order to calibrate the age-gender distribution in the health boards with the population distribution according to the CSO census.

The complexity of the sample design influences the point estimates of the prevalence rates only by the fact that unequal inclusion probabilities – due to unequal selection probabilities ex ante or differences in response rates – have to been taken into account. Aiming to reduce sampling bias, point estimates derived from the NACD population surveys are based on the samples weighted by calibration (or post-stratification) weights. However, interval estimates of the prevalence rates (confidence intervals) directly depend on the variance of the relevant statistics.

Design Effect

In complex surveys such as the NACD population surveys, the variance of the estimates is usually larger than in simple random sample. A measure for this variance inflation is the *design effect (DEFF)*. The design effect is the ratio of the true variance of a statistic of a complex sample design to the variance of the statistics for a simple random sample with the same number of cases (Kish, 1995). Three aspects of complex designs affect the variance inflation: (1) stratification, (2) clustering, (3) weighting.

(1) *Stratification*: Stratification tends to reduce the sampling variance; the variance deflation is stronger the lower the variation on the relevant variables within the strata and the higher the variation between the strata. Disproportional allocation in contrast tends to result in higher sampling variance compared with proportional allocation to strata.

(2) *Clustering*: The NACD population survey uses a multi-stage design with Electoral districts as primary sampling units. These electoral districts are ‘clusters’. Clustering almost always leads to inflated sampling variance. The magnitude of the design effect due to clustering is dependent on two aspects, the size of the clusters and the homogeneity within the clusters. Large cluster size and low variation within the clusters increase the sampling variance.

(3) *Weighting*: Weighting inflates more often than not the sampling variance. If weights are uncorrelated with the variation of the relevant variables, the design effect is larger the more the weights vary (this is the MORI ‘design effect’). It is however crucial whether groups with higher selection probabilities (smaller weights) exhibit larger variation on the survey variables. If the weights are negatively correlated with the variation on the relevant variables, sampling variance is deflated. Else,

weighting increases sampling variance, the more so the larger the variance of the weights and the stronger the correlation between weights and the variation on the survey variables.

Effective sample size

The *effective sample size* is the sample size under a simple random sample design that is equivalent to the actual sample under the complex sample design. The effective sample size can be determined by dividing the actual sample size by the design effect. For example, an actual sample of 5000 units and a design effect of 2 result in an effective sample size of 2500 units. The same precision of the estimates could have been achieved by a simple random sample of half the size.

Design effect estimation

For a particular sample with a given design and post-survey adjustment procedure, design effects differ for different statistics, survey variables and subgroups. For the NACD population surveys, the design effects have been estimated by SPSS 14.0 Complex Samples. In order to derive an estimate of the sampling variance, SPSS uses the Taylor series linearization method. This method is the most widely used method.

For the estimation of the design effects, the following design parameter have been used:

Weights

Probability weights are calculated by multiplying the frequency weights provided by Ipsos MORI with the ratio of the population size (according to the CSO 2002 census and CSO 2006 census, respectively) and the actual sample size. The frequency weights are post-stratification weights. The weights are based on ratio of the population and sample frequencies of age X gender X health board area cells. The resulting probability weights corresponds with

$$wgt_{ijk} = \frac{h_{ijk}^{Census}}{h_{ijk}^{S}}$$

where h^{Census} is the stratum size according to the CSO census Estimate and h^{S} is the stratum size in the NACD surveys;
and i (= 1 to 8) refers to the health board area, j (=1 to 2) to gender and k (=1 to 5) to age group.

Strata

Health board areas were specified as strata with inclusion probabilities equal to reciprocal of the stratum mean of the probability weight.

Cluster

Electoral districts were used as clusters

Sampling

Random sampling without replacement

Relative weight of stratification, clustering and weighting

Table 1 illustrates the relative influence of stratification, clustering and weighting on the total design effect for prevalence rates of selected drugs. $DEFF_{Strat}$ is the estimated design effect if the sample would have been stratified, but neither clustered or weighted. $DEFF_{Clus}$ is the isolated design effect of clustering and $DEFF_{Weigh}$ represents the design effect due to weighting. $DEFF_{Total}$ is the combined design effect of stratification, clustering and weighting. Due to interactions between the three components, $DEFF_{Total}$ is not exactly the product of the three isolated design effects. The design effects associated with stratification smaller than one indicating that stratification tends to increase the sampling efficiency. However, health board strata are internally not particularly homogenous as reflected in the fact that the values are close to one. The design effects associated with weighting are more substantial and reflect the fact that groups with lower response probabilities (larger weights) such as young peoples and males tend to use the drugs more likely. Clustering accounts for the largest share of the design effect and its variation. That reflects the fact that area of residence (or neighbourhood) affects drug consumption habits to a strong degree and that this 'neighbourhood effect' differs largely for different drugs.

Table1:
Decomposition of total design effect – selected drugs, lifetime, ROI 2006

Drug	$DEFF_{Total}$	$DEFF_{Strat}$	$DEFF_{Clus}$	$DEFF_{Weigh}$
Cannabis	2.324	0.984	2.058	1.223
Heroin	1.047	1.000	0.949	1.121
Cocaine	1.571	0.994	1.283	1.319
Ecstasy	1.827	0.996	1.536	1.304
Any illegal drug	2.404	0.983	2.153	1.219

Design effects: Descriptives

Table 2 summarises the calculated design effects for the NACD 2002 and 2006 population surveys. The column *DEFF* presents the mean design effect and its standard deviation for all estimated design effects, the column *DEFF(LIM)* refers to the sample of design effects larger than one, i.e. the design effects that have been used in adjusting the confidence intervals. Design effects for the 2006 survey are slightly larger than for 2002 and for lifetime prevalence larger than for last year and last month prevalence. For males, they are larger than for females, and for young adults, in particular for the age bracket between 15-24 years, larger than for older adults. Design effects for cannabis, cocaine and ecstasy as well as for any illegal drug are relatively large. Relatively small design effects have been estimated for methadone, solvents and STAs,

Table 2:
Design effect by sample, prevalence type, sub-sample and drug type

	2002				***2006***			
	DEFF		***DEFF(LIM)***		***DEFF***		***DEFF(LIM)***	
	Mean	***SD***	***Mean***	***SD***	***Mean***	***SD***	***Mean***	***SD***
Total	1.26	.25	1.27	.22	1.32	.35	1.34	.31
Prevalence								
Lifetime	1.28	.26	1.29	.23	1.38	.34	1.39	.32
Last Year	1.24	.23	1.26	.21	1.30	.34	1.33	.31
Last Month	1.24	.25	1.26	.22	1.26	.35	1.29	.31
Subsample								
All	1.40	.20	1.40	.20	1.49	.40	1.51	.38
Males	1.39	.20	1.39	.20	1.63	.32	1.63	.32
Females	1.20	.17	1.20	.16	1.03	.19	1.09	.12
15-34	1.42	.18	1.42	.18	1.50	.31	1.50	.30
35-64	1.06	.14	1.09	.12	1.20	.23	1.23	.18
15-24	1.50	.15	1.50	.15	1.57	.26	1.57	.25
25-34	1.23	.15	1.23	.14	1.35	.24	1.36	.21
35-44	0.96	.10	1.02	.04	1.06	.19	1.11	.13
45-54	1.22	.18	1.23	.18	1.20	.22	1.21	.20
55-64	0.92	.15	1.01	.02	0.99	.17	1.05	.07
Drug type								
Alcohol	1.11	.19	1.14	.15	1.26	.29	1.27	.27
Tobacco	1.25	.22	1.25	.21	1.39	.23	1.39	.23
Cannabis	1.40	.30	1.41	.28	1.64	.46	1.64	.46
Opiates (Tot)	1.27	.28	1.29	.25	1.41	.34	1.42	.33
Heroin	1.32	.18	1.32	.17	1.01	.26	1.11	.16
Methadone	1.18	.17	1.18	.17	1.04	.23	1.11	.18
Other opiates	1.20	.34	1.25	.25	1.45	.36	1.46	.35
Cocaine (Tot)	1.34	.21	1.35	.21	1.40	.23	1.40	.23
Crack	1.22	.21	1.23	.20	1.22	.24	1.25	.19
Cocaine	1.35	.20	1.35	.20	1.41	.24	1.41	.24
Amphetamines	1.29	.19	1.29	.19	1.26	.26	1.30	.20
Ecstasy	1.32	.17	1.32	.17	1.48	.34	1.48	.34
Hallucinogens	1.23	.25	1.25	.22	1.36	.38	1.38	.34
LSD	1.23	.15	1.23	.15	1.27	.34	1.31	.29
Magic mushr.	1.22	.26	1.25	.25	1.40	.28	1.40	.28
STA	1.12	.13	1.14	.10	1.18	.19	1.18	.15
Sed, Tranqu					1.14	.17	1.16	.15
Anti-Depress					1.11	.13	1.12	.12
Solvents	1.22	.22	1.23	.20	1.09	.32	1.19	.21
Poppers	1.25	.23	1.26	.22	1.35	.29	1.37	.25
Anabolic Stero					1.21	.39	1.29	.28
Other illegal dr	1.10	.25	1.16	.18				
Any illegal dr	1.41	.32	1.42	.30	1.66	.48	1.66	.46

3 DESIGN-EFFECT ADJUSTED CONFIDENCE INTERVALS

Confidence Intervals for single proportions with over-dispersion: deff-adjusted Clopper-Pearson

Let $\hat{p}$ and $\mathrm{var}(\hat{p})$ be the estimates of the proportion and of the sampling variance of the proportion computed through proper estimation method for complex survey data:

$$n' = \frac{\hat{p}(1-\hat{p})}{\mathrm{var}(\hat{p})} = \frac{n}{deff}$$
$$k' = pn'$$

Following Korn and Graubard (1998), the Clopper-Pearson procedure can be adjusted for complex designs (design-effect adjustment, deff-adjustment) by substituting n by n' and k by k':

$\left[\Im^{-1}(\alpha/2; k'; n'-k'+1); \Im^{-1}(1-\alpha/2; k'+1; n'-k')\right]$ for 0 < k < n;
$\left[0; \Im^{-1}(1-\alpha/2; k'+1; n'-k')\right]$ for k=0;
$\left[\Im^{-1}(\alpha/2; k'; n'-k'+1); 1\right]$ for k=n.

Simulation studies show that the deff-adjusted Clopper_Pearson method has coverage probabilities closer to the nominal level than deff-adjusted logit transformation intervals, deff-adjusted normal based confidence intervals and the confidence intervals based on the classical Clopper-Pearson procedure (Korn and Graubard, 1998; Chen and Tipping, 2002).

Confidence Intervals for difference between independent proportions with over-dispersion: deff-adjusted Newcombe's hybrid score method

Wilson score method can be deff-adjusted by substituting the model based sampling variance estimate $\hat{p}(1-\hat{p})/n$ by $\mathrm{var}(\hat{p})$, the sampling variance properly calculated for complex design data, and the sample size n by the effective sample size n' (cp., e.g., Sukasih and Jang, 2005):

$$\left[\frac{\hat{p}_i + \frac{1}{2n'_i} z^2_{1-\alpha/2} - z_{1-\alpha/2}\sqrt{\mathrm{var}(\hat{p}) + \frac{1}{4n'_i} z^2_{1-\alpha/2}}}{1 - \frac{1}{n'_i} z^2_{1-\alpha/2}}; \frac{\hat{p}_i + \frac{1}{2n'_i} z^2_{1-\alpha/2} + z_{1-\alpha/2}\sqrt{\mathrm{var}(\hat{p}) + \frac{1}{4n'_i} z^2_{1-\alpha/2}}}{1 - \frac{1}{n'_i} z^2_{1-\alpha/2}}\right]$$

For two samples 1 and 2 with p_1 hat > p_2 hat, the deff-adjusted Newcombe hybrid score confidence interval for the difference between the proportion is derived from the lower and upper limits of the deff-adjusted Wilson score intervals for single proportions:

$$\left[(\hat{p}_1 - \hat{p}_2) - z_{\alpha/2}\sqrt{\frac{LL_{p_1}(1-LL_{p_1})}{n'_1} + \frac{UL_{p_2}(1-UL_{p_2})}{n'_2}}; (\hat{p}_1 - \hat{p}_2) + z_{\alpha/2}\sqrt{\frac{UL_{p_1}(1-UL_{p_1})}{n'_1} + \frac{LL_{p_2}(1-LL_{p_2})}{n'_2}}\right]$$

To my knowledge, the coverage probabilities of confidence intervals computed by the deff-adjusted Newcombe hybrid score method have both been subject of a study.

Design effects smaller than one

Confidence intervals and significance levels have been only adjusted for design effects if the estimated design effect is larger than one. In the case of design effect that are smaller than one the statistics has been calculated using the unadjusted procedures. This decision follows the practice of the US National Survey on Drug Use and Health (see Gordek and Folom, 2006). In cases, where the sampled number of positives (drug users) is zero, design effects cannot be calculated and the unadjusted procedures were used.

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Q. Ballymun Survey – Summary

1. Introduction

A smaller, booster survey was conducted in parallel with the nationwide study in the area of Ballymun, Dublin 10. This survey, commissioned by Ballymun Local Drugs Task Force, which was designed to test the merit of conducting a local prevalence study.

The same questionnaire as that used in the main survey was used, with the survey also conducted on CAPI. Fieldwork was conducted in Ballymun from 8th January-12th May 2007, and an approximate sample size of 300 was agreed in order that the survey would provide robust and reliable data at a total sample level only. A total of 302 interviews were achieved.

2. Survey Design – Ballymun Survey

It was agreed that 4 DEDs would be covered for the purposes of the Ballymun survey, i.e. Ballymun A,B,C and D. However, it was agreed to interview at 20 sampling points in order to provide a broad coverage of the defined area. The target number of interviews was agreed at 300 and a 55% response rate was estimated. As such, a total of 650 addresses were sampled from the GeoDirectory to achieve this. All other aspects of sampling was as per the main survey. All addresses drawn were compared with those from the main survey and any duplicates removed. As with the main survey, letters were sent out in advance and incentives provided where necessary to boost the response rate amongst 15-24s.

	Number of Sampling Points
Ballymun Total	**20**
BALLYMUN A	3
BALLYMUN B	5
BALLYMUN C	8
BALLYMUN D	4

All other aspects of the Ballymun survey remained identical to the national population study, from project design to interviewing approach via CAPI, using the same survey questionnaire and script. Interviewers working on the Ballymun study were also working on the main study, and the same training, rigorous data checks and quality control procedures were adhered to.

3. Fieldwork Observations – Ballymun Survey

When the survey in Ballymun was commissioned, it was envisaged that Ipsos MORI interviewers living or working close to Ballymun itself would work on the study. At the outset, twelve interviewers expressed an interest in carrying out fieldwork in Ballymun. The majority of these had worked in the area before on other surveys, (albeit mostly on quota sampling work), although a few had also worked in Ballymun on the previous drug prevalence study. At the briefing stage, interviewers generally expressed positive opinions about their previous experiences of interviewing in Ballymun, citing respondents who were generally easy to contact, friendly and co-operative to interviewers.

At the time of commissioning, the Ballymun area consisted of a range of dwellings, including large tower blocks of flats on fifteen levels, other blocks of flats on seven levels and other smaller housing areas. Twenty sample points were selected across Ballymun A, B, C and D, to yield an average of 15 addresses per sample point. Random sampling of all of the addresses in these wards resulted in a sample encompassing all housing types. Allocations to interviewers were made and at the beginning of fieldwork and it was anticipated that all the interviewing would be completed within 10 weeks.

Making Contact at Selected Addresses

Soon after fieldwork began, it became apparent that interviewing in Ballymun was likely to be more challenging than in the main population study. Few interviews were conducted in the first few weeks, as interviewers struggled to get accustomed to working in areas where there was so much vacant and derelict property, which added to the difficulty of finding addresses.

Certain interviewers requested to work in pairs, as they felt some of the areas they had been given to work in were unsafe. (This suggestion had also been put forward with regard to other parts of the country in the main study).

In Ballymun EDs 'B', 'C' and 'D' many of the addresses were from the tower blocks and these proved the most challenging for some interviewers. Six of the sample points selected contained addresses from these tower blocks. Some of the blocks were composed of flats on fifteen levels, with six flats per floor. Under Dublin City Corporation's clearance policy these blocks will in time all be demolished and modern apartment complexes built in their stead. During the fieldwork period of the study, the process of clearing the flats of tenants was well underway. As each flat became vacant, the door was sealed off with a metal sheet. As each floor was cleared of people the door to the level was blocked off similarly.

If interviewers had an address or addresses from the tower blocks in their assignment, it had to be determined if the address was still occupied. This was usually not apparent on entering the block. Furthermore, some interviewers found the partially empty tower blocks of flats somewhat intimidating, with groups of young men sometimes congregated in and around these areas. In many cases, the address proved to be unoccupied, or for other flats that appeared occupied, (i.e. not sheeted off), contact was not able to be made. Further detail is provided in the response rate analysis.

One of the added difficulties encountered when trying to make contact at selected addresses in the tower blocks was the fact that the numbering of flats was often not present or had been defaced. In some cases, the lifts in some of the tower blocks were also observed not to be functional or deemed unsafe.

Another challenge encountered was in finding addresses in the "courts". Originally, houses had been built around small courtyards and later more housing was built to the sides of these. These extensions were connected by walkways and paths, but due to security reasons (according to those dwelling there) many of these were sealed off. The numbering of the houses was not sequential due to the building extensions and only those with local knowledge were able to direct interviewers to the selected address.

Another problem with gaining access to the houses in the courts was that access for cars was typically at the rear of the house. Residents usually expected only those familiar to them (e.g. family or friends) to use the rear entrances, so that anyone coming to the front door was perceived to be a stranger. As with the main study, during the dark evenings many people did not answer their doors if they were not expecting a caller.

Some interviewers had security concerns around carrying their CAPI laptop about in advance of securing an interview; to counter this, it was often left in the car until they had established whom in the household the selected respondent was, while others carried their laptop in a shopping bag.

After some weeks in the field, the number of interviewers working in Ballymun dropped to seven or eight only at any one time and progress was much slower than had been anticipated.

Securing the Interview

Despite some of the difficulties outlined above, most interviewers who persevered with the study found interviewing in Ballymun to be a positive experience.

They became adept in dealing with respondent queries, using the *'Frequently Asked Questions'* sheet to help alleviate respondent concerns.

There were refusals both at the initial contact stage and at the respondent selection procedure, which were observed to be somewhat higher than in the main study. However, the majority of people interviewed were described as warm and friendly, who made interviewers feel welcome in their homes and enjoyed participating in the research, providing what were deemed to be honest responses.

While interviewers had some reservations about their personal safety at the outset, they found over time that these fears were unfounded. Locals offered advice about when to be in the area, places to avoid, where to park and so on. In summary, interviewers experienced no harassment or interference to their work.

4. Number of Contacts – Ballymun Survey

The following table outlines the number of calls that were required to achieve interviews in each DED area in Ballymun.

ED	Number of Calls			Average
	One to Three Calls (%)	Four to Five Calls (%)	Six or More Calls (%)	
Ballymun Total	**89%**	**10%**	**1%**	**1.83**
BALLYMUN A	85%	13%	2%	2.13
BALLYMUN B	88%	13%	0%	2.05
BALLYMUN C	95%	5%	0%	1.57
BALLYMUN D	78%	19%	3%	2.14

Overall, interviews were achieved after 1.83 contacts on average, which was slightly lower than the main study average of 2.0. There was variation across the DED areas. At one end of the spectrum, interviewers in the Ballymun 'C' DED area had the least difficulty, with 95% achieving their interviews within three contacts. In the Ballymun 'D' DED area meanwhile, 3% of all interviews required more than six calls to be completed.

5. Contact Sheet Details – Ballymun Survey

As with the main study, in order to estimate the effects of non-response bias in the achieved sample, the contact sheet was used to ask interviewers to record, or estimate where necessary, the age, gender and ethnicity of the household of all those who refuse to take part. Further, interviewers also coded the external features of households where contact had not been possible. This information was compared with characteristics among the achieved sample to help assess its representativeness.

Age & Gender

The table below outlines the gender and age of those who refused to take part in the Ballymun survey.

Area	% of Sample	% of Refusals
Male	38%	59%
Female	62%	41%
15-24 years	17%	14%
25-34 years	29%	22%
35-44 years	25%	22%
45-54 years	14%	33%
55-64 years	15%	8%

Type of House

It was also of critical interest to compare the social makeup of those who refused with the actual sample. By the definition, it was not possible to gather data on the social classification of those who refused to take part, which could be directly compared with the survey results. As a rough measure of the social composition of the sample and of those who refused to take part, the contact sheets also included details on the external characteristics of the homes of all those, which they attempted to contact. The following table compares the property types where completed interviews took place in Ballymun and those where potential respondents had refused to take part.

Type of Property	% of Successful	% of Refused
House/bungalow - detached	0.7%	7.3%
House/bungalow - semi-detached	30.1%	11.0%
House/bungalow - mid terrace	39.7%	51.2%
House/bungalow - end terrace	5.6%	2.4%
Purpose built flat. etc, - building fewer than 6 floors	7.9%	3.7%
Purpose built flat. etc, - building 6 or more floors	13.9%	23.2%
Conversion flat/maisonette(s)/shared house	0.3%	0.0%
Other	1.7%	1.2%
TOTAL	100.0%	100.0%

6. Frame Errors

Refusals, of course, were not the only way that an interviewer may not achieve an interview at a selected address. Frame errors, where contacts were ineligible for the defined universe (aged 15-64), or where the property was ineligible, vacant, derelict, demolished, not found, or a business, were also explained how interviews were not conducted at all addresses. As such, it was important to check that frame errors were evenly distributed by area, as an uneven spread of frame errors may point to bias in the sample. The following table outlines the extent to which frame errors present in the Ballymun DED areas. Besides frame errors, they also show breakdowns of the gross sample by:

- Successful interview - persons belonging to the universe who were part of the sampling frame and completed the interview fully
- Non-response - households who refused to take part during the initial screening interview and respondent selection process, respondents who refused to take part once selected, and properties where wardens etc refused on the contact's behalf, or where no contact could be made after multiple calls. Reasons for non-response (refusals) are detailed in a subsequent table.

Area		Gross Sample	Successful interviews	Non-Response	Frame Errors
Total	*n*	**743**	**302**	**188**	**253**
	%	**100%**	**41%**	**25%**	**34%**
BALLYMUN A	*n*	99	52	31	16
	%	100%	53%	31%	16%
BALLYMUN B	*n*	215	64	40	111
	%	100%	30%	19%	52%
BALLYMUN C	*n*	277	150	55	72
	%	100%	54%	20%	26%
BALLYMUN D	*n*	152	36	62	54
	%	100%	24%	41%	36%

7. Response Rates for Ballymun Survey

At the outset of the Ballymun survey, both Ipsos MORI and the RAG anticipated that the response rate would be similar to the anticipated 65% for the main study. It was on this basis that it was anticipated that a total of around 300 interviews would be completed.

This estimate proved highly accurate, as a final response rate of 62% was achieved, with 302 responses in total.

Details of overall response rates for Ballymun, along with rates for the four DED areas, are shown below.

	Gross Sample	Valid Sample*	Response	% Response
Ballymun Total	743	490	**302**	**62%**
BALLYMUN A	99	83	52	63%
BALLYMUN B	215	104	64	62%
BALLYMUN C	277	205	150	73%
BALLYMUN D	152	98	36	37%

**Valid sample = Gross sample – (frame errors + non-valid cases)*

Outcome	Outcome Description	BALLYMUN A	%	BALLYMU N B	%	BALLYMUN C	%	BALLYMUN D	%	Total	%
SUCCESSFUL INTERVIEW	Successful Interview	52	63%	64	62%	150	73%	36	37%	302	62%
REFUSED	Entry to block/scheme refused by warden etc.	0	0%	1	1%	0	0%	0	0%	1	0%
	Refused after Respondent Selection	4	5%	5	5%	6	3%	6	6%	21	4%
	Refused before Respondent Selection	12	14%	5	5%	31	15%	12	12%	60	12%
NO CONTACT	No contact after 4 or more calls with selected respondent	8	10%	9	9%	1	0%	20	20%	38	8%
	Occupied, no contact after 5+ calls	2	2%	15	14%	9	4%	10	10%	36	7%
	Occupier in but not answering door after 5+ calls	2	2%	4	4%	1	0%	1	1%	8	2%
	Unsure if occupied, no contact after 5+ calls	3	4%	1	1%	7	3%	12	12%	23	5%
PROPERTY INELIGIBLE	Household not eligible	3		17		25		7		52	
	Non-residential property	1		0		0		1		2	
	Property demolished	4		0		2		5		11	
	Property derelict	0		76		24		37		137	
	Property not found	3		6		16		1		26	
	Property vacant	0		1		5		2		8	
	Unable to access block/scheme/gated apartments	5		11		0		1		17	
OTHER	Away during fieldwork	0	0%	0	0%	0	0%	1	1%	1	0%
	Total Eligible Sample	83	100%	104	100%	205	100%	98	100%	490	100%
	Total Sample	**99**		**215**		**277**		**152**		**743**	

8. Calculation of Ballymun Weights

The Ballymun survey was carried out on 4 Electoral Divisions (ED), however, due to the small sample size it was felt that the calculation of weights within ED level would not be appropriate. Instead, the database was weighted to the overall age and gender profile across the 4 EDs.

The table below gives a breakdown of how the weights were calculated. Under the column title 'Response', the figures were recorded for the number of respondents who matched the 'gender' and 'age' profile. These figures were then displayed as percentages of the total number of responses (302) in the 'Response Ratio' column.

The population figures for the 4 combined EDs (from the 2006 ROI census) were completed in the 'population' column with percentage breakdown in column 'Population Ratio'. The 'weight' is then based on the figure needed to correct the 'Response Ratio' column to reflect the 'Population Ratio' column (Population Ratio / Response Ratio).

The final column 'Squared Weights' is used to calculate the design effect this weighting has on the data. It is calculated by multiplying the 'Response Ratio' by the square of the 'weight' column. The design effect is the total of these 'squared weights'.

Gender	Age	Response	Response Ratio (%) {S}	Population	Population Ratio (%)	Weight {W}	Squared Weights[1] {SWW}
TOTAL	TOTAL	**302**	**100.0%**	**10,190**	**100.0%**		
Male	15-24	26	8.6%	1521	14.9%	1.73376	0.2588
Male	25-34	31	10.3%	1282	12.6%	1.22563	0.1542
Male	35-44	27	8.9%	903	8.9%	0.99119	0.0878
Male	45-54	15	5.0%	558	5.5%	1.10249	0.0604
Male	55-64	17	5.6%	559	5.5%	0.97453	0.0535
Female	15-24	26	8.6%	1,339	13.1%	1.52630	0.2006
Female	25-34	56	18.5%	1,479	14.5%	0.78273	0.1136
Female	35-44	49	16.2%	1,175	11.5%	0.71068	0.0819
Female	45-54	28	9.3%	677	6.6%	0.71658	0.0476
Female	55-64	27	8.9%	697	6.8%	0.76507	0.0523

Design Effect = **1.1107**
Effective n = 272

9. Sampling Points for Ballymun Survey

Points Worked	
POINT_NUMBER	**ED**
1	BALLYMUN A
2	BALLYMUN A
3	BALLYMUN A
4	BALLYMUN B
5	BALLYMUN B
6	BALLYMUN B
7	BALLYMUN B
8	BALLYMUN B
9	BALLYMUN C
10	BALLYMUN C
11	BALLYMUN C
12	BALLYMUN C
13	BALLYMUN C
14	BALLYMUN C
15	BALLYMUN C
16	BALLYMUN C
17	BALLYMUN D
18	BALLYMUN D
19	BALLYMUN D
20	BALLYMUN D