

National Advisory Committee on Drugs / Drug
and Alcohol Information and Research Unit

Population Survey on the Prevalence of Drugs

Technical Report

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THE NATIONAL ADVISORY COMMITTEE ON DRUGS (NACD), IRELAND

THE DRUG AND ALCOHOL INFORMATION AND RESEARCH UNIT
(DAIRU), NORTHERN IRELAND

MORI MRC



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1. Background

This volume contains the research methodology used in the first General Population Drug Prevalence Survey in Ireland and Northern Ireland, conducted by MORI MRC on behalf of the National Advisory Committee on Drugs (NACD) in Ireland and the Drug and Alcohol Information Research Unit (DAIRU) at the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland.

1.1 Background

As part of the EU Action Plan on Drugs 2000-2004 the relevant national bodies were asked to co-operate in measuring the prevalence of drug use in their jurisdiction according to a common set of measures. This study is intended to fit into this EU-wide framework.

There are five key indicators of drug misuse identified by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) which each member state is expected to measure:

1. Extent and pattern of drug use in the general population
2. Prevalence of problem drug use
3. Demand for treatment by drug users
4. Drug-related deaths and mortality of drug users
5. Drug-related infectious diseases (HIV, Hepatitis)

Consequently, the data produced in any given member state can be comparable and consistent with that produced for other countries to enable the cross analysis and benchmarking of data between member states. To ensure this, clear guidelines¹ have been put in place by the EMCDDA in relation to the methodology and the outputs of the research.

On the island of Ireland, 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.

The goal of the NACD is, in its own words, “... to advise the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment based on our analysis and interpretation of research findings”. The committee was founded in response to the increasing drug problem in Ireland and its role is an advisory one to the Government. It has five areas of interest– prevalence, prevention, treatment/rehabilitation, consequences and early warning emerging trends. For the purposes of this research the focus was on the area of prevalence – how many people take drugs, what types of drugs, how frequently, at what age, and in what areas.

The 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. Similar to the NACD, its role is the development of a programme of drug and alcohol information.

¹ EMCDDA PROJECT CT.99.EP.08 B Handbook for Surveys on Drug Use Among the General Population Final Report August 2002

In examining available data sources relating to prevalence in Ireland, the NACD identified a gap in knowledge existed relating to drug use in the general population. The Drug Misuse Research Division (DMRD) of the Health Research Board, a member of the NACD, presented a paper to the committee in March 2001 highlighting the action to be taken. Discussions ensued at subsequent NACD and Prevalence sub committee meetings culminating in agreement to commission a general population survey. It was decided to seek a partner(s). Communication issued to various Government Departments and to Northern Ireland.

At a meeting in March 2002 in Dublin, DAIRU agreed to consider the possibility of collaborating with NACD in conducting an all island study subject to sourcing funding and agreeing on survey details. A letter was dispatched on 28th March 2002 to Ms Jo Daykin, Head of the Drug Strategy in Northern Ireland to formally seek their collaboration in this project and to commit to joint funding an all island survey (Appendix A). As DAIRU had already been discussing how they might obtain information about drug use in the population this was a timely communication.

The NACD sought additional funding partners in the Health Promotion Unit of the Department of Health and Children as they provide funding for a health and lifestyle national survey, which is carried out every five years. The Health Promotion Unit agreed to provide financial support for the detailed analysis of the survey data at a later stage in the project.

Both Governments released a statement (Appendix B) announcing the collaboration and intention to commission a general population survey of drug use among those aged 15-64 years, using a face-to-face survey technique to be carried out in respondents' homes, using a random sampling methodology and based on a tailored model of the EMCDDA questionnaire based on EMCDDA guidelines.

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 representatives (in alphabetical order) from DAIRU and the NACD:

Buchanan, Mr Damian, Statistician, DAIRU and DHSSPS, (2002-2003)

Corrigan, Dr Des, Chairperson, NACD and School of Pharmacy, Trinity College, Dublin

Kelly, Mr John, NACD and Department of Community Rural & Gaeltacht Affairs

Lyons, Ms Mairéad, Director, NACD

Moore, Mr Kieron, Principal Statistician, DAIRU and DHSSPS

McWilliams, Mr Brian, Statistician, DAIRU and DHSSPS, (2004 - 2006)

O'Gorman, Dr Aileen, Research Officer, NACD, (2002 - 2005)

Rogers, Mr Dave, Principal Statistician, DAIRU and DHSSPS, (2002 -2004)

Sinclair, Dr Hamish NACD and Drug Misuse Research Division of the Health Research Board

Stack, Ms Kathleen, NACD and Department of Community Rural & Gaeltacht Affairs (2002 -2004)

The RAG set about agreeing the structure of the survey and whether changes should be made to the EU standard questionnaire. It was important to have considered these issues in order to issue a tender notice. The public procurement process according to EU Directives is a lengthy one, allowing 37 days for the Contract notice (Appendix C) and 40 days for the submission of tenders. All these days must be working days and the notices of the expressions of interest and the request for tender were put in the Official Journal of the European Union.

Between March 2002 and December 2003 the RAG met on 25 occasions, alternating meetings between Belfast and Dublin where possible. On at least six of these occasions the RAG met with MORI MRC. Members of the RAG also participated in the five briefing sessions to field workers conducted by MORI MRC.

During this time between May and August 2002 the RAG continued to meet to draft the questionnaire, which included agreeing the following issues:

- Determining quitters;
- Using a filter question;
- Including Nubain[®] and steroids;
- Need to get street names for the drugs under investigation;
- Separate or combine sedatives and tranquillisers;
- Whether to ask if named drugs have been used on the same occasion;
- What type of cannabis is used;
- What method is used to consume cannabis;
- Drug market questions;
- Positioning of drugs in a particular order;
- Need to distinguish between cocaine and crack;
- Mode of use for cannabis and heroin is important;
- Drop relevin from the questionnaire;
- Include magic mushrooms;
- Include or drop methadone;
- Include knowledge attitudes questions.

1.2 Research Objectives

The core objective of the research was to provide robust data regarding the prevalence of (licit and illicit) drug use amongst the general population. The provision of estimates for both jurisdictions and on an all island basis was the priority of the research.

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.

There were, however, a number of requirements in terms of the study's results, which made it comparatively difficult to conduct. In some respects the study would be judged on the degree to which its results would:

- 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 between both jurisdictions and as far as possible with similar studies being conducted throughout the European Union
- allow analysis of results in terms of a variety demographic factors
- be simple for staff at the NACD, the DAIRU, for policymakers and others in Ireland and across the EU to use

To meet the objectives of the study, a target of 7,600 interviews (4,100 in Ireland and 3,500 in Northern Ireland) was set and a final sample size of 8,434 interviews was achieved (4,918 in Ireland and 3,516 in Northern Ireland).

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. Information on lifetime use, last year use, last month use was to be gathered using a random sampling method.

2. Survey Design

2.1 Target Population

It is important in any research study to carefully define the universe. For this study, it was defined in the RAG's brief to MORI MRC as "a household survey of all aged between 15 and 64 years old, living in private households in Ireland and Northern Ireland.

RESIDENCY

As the EMCDDA Handbook observes surveys of this nature are typically conducted in the respondent's home for methodological and practical reasons². Among the reasons in this particular instance was the length of the questionnaire. The 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. It was felt that respondents would feel uncomfortable being approached in a street setting to discuss their licit and illicit drug intake and more practically respondents would not be willing to partake in such a relatively long survey "on-street". Also the home provides a more focussed environment for conducting research, with little disturbance or interruptions that would distract respondent attention, whilst interruptions can occur in such a setting they can be kept to a minimum, thus providing the interviewer with the respondents complete and full attention. The home also provides a more relaxed and less hurried background, allowing respondents the opportunity to think about and consider their answer as opposed to giving a hurried response.

Since this survey was conducted in the home, it follows that the target population for this study included all those usually resident within each jurisdiction and within the Health Board³ to which their responses are assigned. With a few exceptions (e.g. prisons, the homeless etc.), this covered the population of both jurisdictions.

In practice, this meant that all residential addresses could be contacted as part of this survey. Lodgers and boarders living at an address were included in the target population. If a selected person was away from home at the time of the initial contact, they were to be included in the selection process and contacted later. On the other hand, separated spouses, students and those working away from home were excluded if their usual residence was elsewhere. Due to the practicalities of conducting research within a finite timeframe, persons who were usually resident at an address but who were away for six months or more were excluded.

AGE

In terms of age there were two sections of the population, which have been deliberately excluded. The first of these are the under 15s who have been excluded in line with EMCDDA guidelines and to be comparable with similar studies elsewhere in the European Union. Under Market Research

² EMCDDA Handbook for Surveys on Drug Use Among The General Population (2002), P.80

³ Since January 2005 the Health Boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive (www.hse.ie). The above reference relates to the Health Board structure as detailed in *Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised)*

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 has the right to sit in on the interview, if they so wish. As this may influence the responses given by the respondent, interviewers were instructed to explain the importance of conducting the interview in private. The table below outlines the numbers of 15-year-old respondents, who conducted the interview in the presence of a parent/guardian.

	Ireland	Northern Ireland	Total
Parent present	30	36	66
Parent not present	52	17	69
Not stated	1	-	1

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 high⁴.

AUDIENCES OUTSIDE THE SCOPE OF THIS STUDY

For practical reasons, it was decided not to set out to deliberately achieve interviews with the homeless, those in residential care and those in institutions, such as prisons. Although it was recognised that these were, indeed, potentially important audiences, it was felt that research with these groups would be best treated as part of a separate research exercise.

SIZE OF TARGET POPULATION

The chart overleaf provides the latest known population figures at the time of commencing fieldwork. For Northern Ireland, these were taken from the 2001 Census. As data for Ireland had not yet been released by detailed age breakdown, population estimates for 2002 for the population aged 15-64 was used based on data from the 1996 Census. As detailed in subsequent sections, 2001 Census figures for Northern Ireland and 2002 Census figures for Ireland were used for the purposes of re-weighting results.

⁴ EMCDDA *Handbook for Surveys on Drug Use Among The General Population* (2002) p.79

		Total	%	Sample Sizes
Ireland	Eastern	876,617	37.26%	1,580
	Midland	128,625	5.47%	315
	Midwestern	203,709	8.66%	424
	Northeastern	193,667	8.23%	433
	Northwestern	129,523	5.51%	332
	Southeastern	249,334	10.60%	604
	Southern	352,507	14.98%	746
	Western	218,799	9.30%	484
		2,352,781	100.00%	4,918
Northern Ireland	EHSSB	430,909	39.50%	1,393
	NHSSB	278,371	25.52%	877
	SHSSB	199,438	18.28%	655
	WHSSB	182,272	16.71%	591
		1,090,990	100.00%	3,516
	Total	3,443,771	200.00%	

2.2 Mode of Interviewing

The nature of the project demanded quantitative research as the study entailed producing robust statistical information on drug use on an all island basis, and for both Ireland and Northern Ireland. In line with the EMCDDA's "preferred method", the research was conducted on a face-to-face basis. As noted in the preceding section, the subject matter and length of the questionnaire, lent themselves to interviewing in the home. However, in deciding on a methodology it also had to be considered whether the questionnaire should be completed by the interviewer or by the respondent (self completion); and whether the data should be recorded electronically using Computer Assisted Personal Interviewing (CAPI) or by a pen and paper method.

SELF-COMPLETION VERSUS INTERVIEWER-COMPLETION

In choosing the means of completing interviews the project team were guided by the EMCDDA's *Handbook for Surveys on Drug Use Among The General Population*, which recommended that questionnaires be completed by interviewers and not by the respondent themselves. One reason for this, the handbook notes, was that "illiterate people either will not respond or will give unreliable answers (to mail)"⁵. If respondents deselected themselves because of reading difficulties this would have had serious implications with regards to undermining the validity of the research. This is particularly true, since both drug use and illiteracy problems may be more prevalent within the marginalized communities and amongst the more disadvantaged members of society.

⁵ EMCDDA, *Handbook for Surveys on Drug Use Among The General Population*, (2002), P.82

The latest figure from the OECD⁶ suggests that for almost a quarter (23%) of the population in the Ireland, aged between 25 to 64, their highest educational achievement was pre-primary or primary education. This, placed alongside illiteracy figures of 25%⁷, reinforced the expert views of the EMCDDA that a “self-completion” format would alienate a sizeable section of the population, who may have difficulty reading and understanding fully the questionnaire. Moreover, estimated dyslexia figures of between 1 in 8 and 1 in 10⁸ of the population in both Ireland and Northern Ireland further support the soundness of conducting an “interviewer-completion” survey.

As part of the Interview Quality Control Scheme (IQCS), all interviewers had undertaken a rigorous training schedule which was ongoing so interviewers did not become complacent in their work. At all stages during the interviewing process, it was impressed upon the fieldforce the necessity of keeping to the script as outlined. Given this, little variation in putting questions to respondents was expected.

It was not foreseen that the subject matter in itself would be a source of embarrassment or discomfort for respondents. Indeed certain illicit drug taking no longer has the social stigma previously attached to it (although it may still have in certain age categories), though of course, it was not asserted that it was socially acceptable. Nevertheless, as the EMCDDA point out there is the possibility that respondents may consciously or unconsciously give what they consider to be the socially or politically correct answer to any given question. It was felt that this could be reduced through the judicious use of show cards, which interviewers read out (to aid those with illiteracy problems/partially sighted). These had a letter pre-fix for each response in order to lessen the discomfort of respondents, as they only needed to call out the letter accompanying each statement/answer. It should also be borne in mind that the presence of an interviewer in a face-to-face interview “provides the best context for stimulating respondents to answer”⁹.

COMPUTER ASSISTED PERSONAL INTERVIEWING VERSUS PEN AND PAPER

When looking at how the data would be gathered by the interview, the project team was once again guided by the EMCDDA *Handbook*, which suggested that the choice should be determined as much by the practicalities of conducting a survey in a given country as by purely methodological considerations¹⁰. The choice of how interviewers were to physically record responses is one example of this. Although recording answers directly onto laptop or notebook computers is commonplace in other countries, at the time that this survey took place, no research agency could offer a Computer Assisted Personal Interviewing (CAPI) service for the entire island of Ireland.

As part of the quality control procedures for this project, respondent details were taken so that interviews could be back-checked and responses verified¹¹. This was critical for any quality guarantees attributed to the data collected, and for such an important piece of research it was

⁶ Organisation for Economic Co-operation and Development – Education at a Glance

⁷ Education Research Centre – Department of Education Ireland (1997)

⁸ Irish Dyslexia Association / British Dyslexia Association

⁹ EMCDDA, *Handbook for Surveys on Drug Use Among The General Population*, (2002), P.84

¹⁰ EMCDDA, *Handbook for Surveys on Drug Use Among The General Population*, (2002), P.79

¹¹ As part of our MORI MRC's IQCS procedures, 22% of interviews and contacts were back-checked to ensure their accuracy (ie 23% of interviews/contacts in Ireland, 21% of interviews/contacts in Northern Ireland).

essential. For anonymity, and to reassure respondents, any personal details were noted on a separate sheet as opposed to details being recorded directly on to the questionnaire.

In summary, the RAG and MORI MRC decided that, the project should be an interviewer-completed questionnaire, in the respondent's place of residence, with data recorded using pen and paper. Although this does offer some advantages, as detailed above, the main reason this approach was taken was largely because no contractor could demonstrate they possessed a sufficiently established CAPI capability covering the entire Island of Ireland.

2.3 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 is to provide for reliable national estimates of the prevalence of drug use in Ireland to feed into public policy making.

QUOTA VERSUS 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"¹². Given that collecting accurate, up-to-date profile data was a key aim of the survey, the RAG and project team felt that a similar approach should be used here, despite it being more expensive in comparison to equivalent commercial market research surveys.

In most commercial surveys, quota sampling is generally used. This approach takes data from the most recent Census to set fixed quotas of people to be interviewed in each sampling point (in this case it would be EDs in Northern Ireland and DED/Electoral Wards in Ireland). Using this method, quotas are set to reflect the socio-demographic profile of residents, on characteristics such as sex, age, work status, and where relevant ethnicity. The critical drawback to this approach for this particular survey is that the profile of residents would effectively have to be set by the Census data, which at the time of starting fieldwork was over ten years old in Northern Ireland and six years old in Ireland. In the particular context of a prevalence survey, the use of quotas may also exaggerate the impact of clusters of population who may or may not use drugs. As drug use is known to take place in clusters this would either over- or under-represent the true prevalence. The drawbacks of adopting a quota sampling approach clearly made this approach inappropriate for this survey, given the high standards of accuracy sought by the RAG.

Rather than using quota sampling the project team opted for stratified random sampling and the RAG agreed. This avoided the problems mentioned above, as actual addresses were drawn at random and allocated to the interviewers. As the selection of addresses lies at the heart of a stratified random survey, interviewers made many call-backs to specific addresses until there was an outcome (for example, interview achieved, refused, no contact after a minimum of five calls,

¹² EMCDDA *Handbook for Surveys on Drug Use Among The General Population*, (2002), p.97

etc). In order to maximise the opportunity of achieving an interview, callbacks took place at different times of the day including evenings, and on different days of the week including weekends. Not only were interviewers sent to specific individual addresses, but they were also given strict procedures to follow for selecting the respondent within each household. While this made the stratified random sampling approach more complicated, it also helped provide a more accurate reflection of the population and followed the EMCDDA's suggestion that such an approach be followed.¹³

To ensure confidentiality and anonymity, no interviewers were to conduct the research in their immediate locality, thus reducing the likelihood that interviewers would speak to an acquaintance, relation, friend or relative. Needless to say, when such a situation arose a replacement interviewer was found to conduct the interview.

2.4 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. If every member of the defined population was to have a chance of being included in the sample, it follows that every member of the defined population must be known in order to have that chance. Therefore, the first step in drawing a random sample was to make a list of all the members of the population, and this became the "sampling frame".

It was important that the sampling procedures for both Northern Ireland and Ireland be as similar as possible. A number of different approaches for drawing the sample frames were possible and each had its limitations. The solution, therefore, was to find the approach, which minimises these limitations.

ELECTORAL REGISTERS

One obvious approach would have been the use of electoral registers in both Northern Ireland and Ireland. However, based on the experience of the project team, the electoral registers have a number of shortcomings. The biggest of these was their well-known tendency to under-represent certain households, such as the more mobile and disadvantaged or marginalised communities, where voter registration was considered to be low. It was the understanding of the project that the use of the electoral register for non-electoral purposes could have caused problems under the Data Protection Acts in Northern Ireland¹⁴.

VALUATION AND LANDS AGENCY

An alternative approach might have been to use the Valuation and Lands Agency (VLA) list in Northern Ireland. However, in common with the electoral register this list is also far from complete and its use may also have raised similar data protection issues. In any event, a sufficiently similar list does not exist in Ireland, which could have made comparing the two jurisdictions more difficult.

¹³ Details of interviewer callbacks are dealt with in the Response Rates section

¹⁴ The ruling in the case of *R -v- City of Wakefield Metropolitan Council & another ex parte Robertson* (16 November 2001) suggests that purchase of the electoral register by commercial concerns may be unlawful under the UK's Data Protection Act 1998.

POSTAL ADDRESS FILE (NORTHERN IRELAND) & AN POST/ORDINANCE SURVEY IRELAND GEO-DIRECTORY

The Postal Address File (PAF) smaller user file, maintained by the Post Office, was used as the primary sampling frame for this study in Northern Ireland and the An Post/Ordinance Survey Ireland Geo-Directory, as the primary sampling frame in Ireland. Both of these files are comprehensive, regularly updated, and provide both a high degree of accuracy and the comparability of approach between the two, which was required in this study. As these lists are based on buildings and not electoral lists, they do not under-represent any groups in the community, nor does their use contravene the provisions of the Data Protection Act.

SAMPLING FRAME – NORTHERN IRELAND

The “Robertson judgement” (see footnote 14) which prohibited the use of the electoral register for market research is of particular relevance to Northern Ireland, as part of the United Kingdom. As a result, the Post Office’s PAF listing was used. This is an extremely reliable and up-to-date sampling frame. It is based on addresses, which the Post Office uses to deliver mail in Northern Ireland (and the rest of the UK) and is derived from information collected for each postal round. Consequently, it is both comprehensive and up-to-date. It was restricted to “small user residential” addresses, thereby omitting many businesses which would not have been appropriate for this study.

As with all approaches, however, there were a number of limitations with using the PAF for the sample frame. In particular, the PAF contains:

- “extra dwellings” at the sampled address. Sometimes an address listed as a single dwelling actually contains more than one dwelling, frequently because of conversion into flats;
- combined addresses. It is possible to find that two dwellings had combined since the PAF was compiled (updates of PAF are released quarterly but major reviews of its content are comparatively infrequent), with two addresses listed but where actually there is only one dwelling;
- addresses without dwellings (for example small businesses, workshops, community halls or other properties receiving small amounts of mail).

A 1987 study estimated an average number of households at PAF addresses at around 1.02. However, since then the Royal Mail has made efforts to ensure each separate dwelling is separately listed on the PAF, with Households in Multiple Occupation accounting for much of the discrepancy between households and PAF addresses. The project team’s experience of similar surveys, suggested that around 8% of PAF addresses were ineligible. In addition to the reasons outlined above, a proportion of all properties may be vacant or demolished. To counteract this, the interviewer’s contact sheet¹⁵ for each address was used to record details of this nature, which provided essential information for analysis purposes.

Please see www.royalmail.com/paf for further information on the Postal Address File.

¹⁵ See Questionnaire section for further details

SAMPLING FRAME – IRELAND

The sampling frame used in Northern Ireland was replicated for sampling in Ireland by using the GeoDirectory. This is developed and continuously updated by An Post and Ordinance Survey Ireland, and is the most accurate and up-to-date database in Ireland. It is very similar in design to the PAF, which was used in Northern Ireland (except that the GeoDirectory contains additional spatial information). Again, it contains accurate information on every home and building in Ireland, from which it was possible to exclude all but residential addresses, in much the same way as using the PAF smaller address file. In particular the GeoDirectory address lists were chosen for Ireland 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, which is more often than the PAF small user list is updated. This resulted in lower frame errors for the survey south of the border (see Response Rates section);
- 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 provide 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. health boards) and small geographic areas (e.g. DEDs) alike;
- Demographic data from the CSO can be easily obtained at a DED level and incorporated into databases provided by GeoDirectory;
- In common with the PAF in Northern Ireland, the address lists provided by GeoDirectory would also include those who may not be on the electoral register for one reason or another.

Since it is more regularly updated and excludes commercial premises (large or small), the Geodirectory is a better listing to use as a sample frame than the PAF small user file. As a result, it was expected that there would be a lower proportion of vacant, derelict or non-residential properties on the Geodirectory list. Indeed, this was borne out by the actual proportions for these properties in this study.¹⁶

Despite these obvious advantages, using the Geodirectory list still had the same potential for limitations described above ("extra dwellings", combined dwellings and addresses without dwellings). Again, interviewers' contact sheets² were used to gather information on the addresses that were excluded.

Please see www.anpost.ie/business/geodirectory for further information on the GeoDirectory.

2.5 Selection of Sample

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

¹⁶ See Response Rates section (4.12)

SELECTION OF PRIMARY SAMPLING UNITS (PSUs)

In the first instance, a series of Primary Sampling Units (PSUs) was randomly selected. These were Enumeration Districts (EDs) in Northern Ireland and District Electoral Divisions (DEDs) and Electoral Wards in Ireland. These PSUs were initially ranked by socio-demographic indicators, from census data, 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 decision on the number of PSUs used represented an appropriate compromise between allowing for sufficient range of coverage and the need to be practical from a data collection and field management point of view. With this in mind, a total of 565 PSUs were selected (314 in Ireland and 251 in Northern Ireland).

Health Board	Number of Sampling Points
Ireland	
Eastern	115
Midland	18
Midwestern	27
Northeastern	26
Northwestern	18
Southeastern	35
Southern	47
Western	28
Total	314
Northern Ireland	
EHSSB	99
NHSSB	64
SHSSB	46
WHSSB	42
Total	251

On average, 27 addresses were chosen at each of the sampling points.

SUBSTITUTE SAMPLE POINTS

In a few exceptional instances, the sample point originally selected was replaced with a new sample point. This, for instance, was done where a point was found to be unsuitable for use because of a high proportion of business premises or vacant buildings. Great care was taken when selecting a substitute sample point to ensure that it was geographically similar to the original sample point. The substitution of sample points occurred on five occasions (twice in Northern Ireland and three times in Ireland), as the table below demonstrates.

Original Sample Point	Substitute Sample Point
Ireland	
Carrigeen, Co. Kildare	Dun Laoghaire-Glenageary, Co. Dublin
Kildare, Co. Kildare	Garristown, Co. Dublin
Narraghmore, Co. Kildare	Athy (Urban East), Co. Kildare
Northern Ireland	
Shaftesbury, Belfast	Shankill, Belfast
Newtown Stewart, Strabane	Drumragh, Omagh

SELECTION OF ADDRESSES

A sample of addresses was then drawn at random, from each of the randomly selected PSUs, using the information provided in An Post/Ordnance Survey's GeoDirectory and the Post Office's PAF data. These addresses were then issued to the team of interviewers and formed the basis for the survey sample.

A number of reserve addresses were selected during the main sampling phase. This was to ensure that additional addresses were readily available, in reserve, without the need for further sampling, if needed. In all 4,789 reserve addresses were selected for sample points in Ireland, of which 32 had to be used. Meanwhile, in Northern Ireland, 3,863 reserve addresses were selected, with 513 of these used during fieldwork. 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.

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, defined as self-contained dwelling behind its own front door. If there was more than one property at an address, the interviewer was instructed to inform a member of the field management team and to tell them the number of dwellings. The field manager then selected one of the dwellings by listing each in a systematic way (i.e. by flat room or number) and then randomly selecting one using a random table select grid.

Once the interviewer had selected the correct property they then needed to determine whether it was occupied by one or more households, with a household being 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. If there was more than one household, the same random procedure as above was used.

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". 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 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.

2.6 Stratification

The sample was stratified to ensure that it accurately reflected the population within each individual Health Board region. As the key objective of this study was to provide for reliable estimates of prevalence at the national level, it was decided not to over-represent or boost the number of interviews in any one Health Board region to achieve a more even number of interviews in each. The effects of such an approach and the subsequent post-survey weighting required would have introduced significant design effects into the survey. Consequently, it would have significantly reduced the effective sample size for the national data. Instead, the number of interviews was in proportion to the population, accepting the possibility that the sample sizes in some Health Boards would be larger than in others.

3. Questionnaire Design

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 and Northern Ireland, whilst ensuring full comparability with other surveys conducted with the model questionnaire. It was also made suitable for face-to-face interviewing. The questionnaire did not go into field until it had been finally approved by all of the members of the RAG.

3.1 Questionnaire Development

Since the survey was conducted simultaneously in both jurisdictions, it was necessary to have two versions of the questionnaire. This was necessary to account for differences in question categories for health boards and education levels (i.e. 'O' Level vs. Junior Cert.). It also allowed for additional questions relating to respondents' religious background (a standard question in all government surveys in Northern Ireland) in the Northern Ireland version of the questionnaire. There were also three differences between the Northern Ireland and Ireland questionnaires relating to some drugs, these were:

- The inclusion of a question on nubain® in the Northern Ireland version of the questionnaire.
- The inclusion of a question on anabolic steroids in the Northern Ireland version of the questionnaire.
- For one question relating to "other opiates" the description of other opiates differed in Ireland and Northern Ireland. While this made the questionnaires more appropriate to the relevant jurisdiction, it also meant that responses for Ireland and Northern Ireland cannot be compared.

These variations were made to make the questionnaires more closely attuned to conditions in both jurisdictions.

The NACD and DAIRU developed the initial questionnaire on the Population Survey in accordance with EMCDDA guidelines. The EMCDDA provided methodological guidelines and a model questionnaire, which would allow the cross analysis of data amongst various EU member states. This questionnaire was then formatted with supplementary questions added by the RAG. The changes made to the original EMCDDA questionnaire are outlined in the three sub-sections, which follow.

3.2 Adaptation for a Face-to-Face Methodology

These were necessary to adapt the formulation of questions so that wording and phrasing would be unambiguous when read aloud by interviewers. Lead-ins and joining texts between different sections of the survey were also added, in addition to interviewer and routing instructions. These were intended to give the interview a more conversational feel, thereby putting the respondent at

ease. In the instance where lists of drugs were to be read aloud, 'show' cards were provided to respondents, which they could look at while they answered. This prevented the respondent or interviewer from omitting or misinterpreting any option.

In constructing the questionnaire great care was taken to ensure that the order of questions replicated that used in the EMCDDA'S Model questionnaire, even if some of the question formats were altered to allow for a face-to-face interview and cultural appropriateness. The list of questions relating to cannabis (the terms 'hashish' or 'marijuana' are not generally used in Ireland) from the Model questionnaire and from the actual questionnaire used are displayed below, as an example. The questionnaires and showcards for both the Ireland and Northern Ireland surveys are displayed in the appendices (G - J) of this document.

Model Questionnaire

13. Do you personally know people who take hashish or marijuana?

1 yes

2 no

14. Have you ever taken hashish or marijuana yourself?

1 yes

2 no

15. At what age did you take hashish or marijuana for the first time?

.....

16. During the last 12 months, have you taken hashish or marijuana?

1 yes

2 no

17. During the last 30 days, have you taken hashish or marijuana?

1 yes

2 no

18. During the last 30 days, on how many days did you take hashish or marijuana?

(NEW CATEGORIES 2002)

On days

OR

1 20 days or more

2 10-19 days

3 4-9 days

4 1-3 days

Actual Questionnaire

SHOW CARD 24

Q24	Have you ever heard of any of these?	Yes	1	CONTINUE
	SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE	No	2	GO TO Q33
Q25	Do you personally know people who take cannabis?	Yes	1	
		No	2	
Q26	Have you ever taken cannabis?	Yes	1	CONTINUE
		No	2	GO TO Q33
Q27	At what age did you first take cannabis?			← INSERT AGE
		Don't know	-1	
Q28	During the last 12 months have you taken cannabis?	Yes	1	CONTINUE
		No	2	GO TO Q33
Q29	During the last 30 days have you taken cannabis?	Yes	1	CONTINUE
		No	2	GO TO Q33
Q30	During the last 30 days, on how many days have you taken cannabis?			← INSERT FIGURE
		Don't know	-1	

In addition to the above questions, the RAG also recommended the inclusion of additional questions on cannabis relating to the type of cannabis most commonly used and what method is most used to take cannabis. These questions were asked of people who answered 'yes' to using cannabis in the last 30 days. The questions were phrased as follows:

SHOW CARD 31				
Q 31	What type of cannabis do you most commonly use? Just call me out the numbers from the card – MULTI CODE			
	Grass	1	Hash	6
	Weed	2	Resin	7
	Skunk	3	Other (specify)	8
	Hash Oil	4		
	Herb	5	Don't Know	9

SHOW CARD 32

Q32	What method do you most commonly use to take cannabis?	Joint	1	
		Pipe	2	
		Bong	3	
	Just call me out the numbers from the card – MULTI CODE	Eat	4	
		Other (specify)	5	

		Don't know	6	

The above question was also asked of those who answered yes to 'current use' (last 30 days) for cocaine and heroin. In addition, those people who answered yes to 'current use' of methadone and other opiates were asked "The last occasion you took other opiates how had you obtained them? (Just call me out the number from the card)" – Show Cards 104b and 118b.

3.3 Opening Statements of Questionnaire

Communicating the study objectives effectively is the most important means of ensuring a high response rate and accurate findings. As a result, the opening statements of the questionnaire were designed with careful consideration for a number of reasons. Firstly, it was designed to introduce the interviewer and research agency to the respondent while letting them know how much of their time would be needed to complete the survey.

Secondly, it put the study in context and added validity to the exercise, which in turn enabled the respondent to be confident that his or her participation mattered for a cause of public interest. In accordance with EMCDDA guidelines, the questionnaire was introduced as a study on lifestyles such as alcohol, tobacco and drugs.

Consequently the questionnaire began with a very carefully thought out and worded preamble introducing the survey in the right context, to reassure respondents and to encourage them to take part. This was agreed in close co-operation with the RAG.

In addition to this, interviewers were able to mention who the survey was on behalf of, if asked i.e. the Department of Community, Rural & Gaeltacht Affairs in Ireland and the Department of Health, Social Services and Public Safety in Northern Ireland.

3.4 Socio-economic Groups

The RAG required comparable social class/socio-economic questions in both the Ireland and Northern Ireland questionnaires. Socio-economic questions used in the census of both jurisdictions were examined but were ruled out as the questions were not comparable across both jurisdictions. Comparability was ensured by using a standard social classification that is widely used in Ireland and Northern Ireland. This is based on the employment status of the chief income earner within a household, as well as level of responsibility and qualifications (if employed). This enabled the coding of households into the following social grades; A, B, C1, C2, D, E.

In Northern Ireland a more detailed set of questions was also asked. This allowed for respondents to be categorised according to the SOC 2000 system of social grading. Respondents were coded into the following social grades:

- A. (Professionals, senior management and top civil servants)
- B. (Middle management, senior civil servants, managements and owners of businesses)
- C1. (Junior management and owners of small business)
- C2. (Skilled manual workers and manual workers responsible for other workers)
- D. (Semi-skilled and unskilled manual workers, trainees and apprentices)
- E. (All those dependant on the State long-term)

3.5 Additional Questions

The RAG added the following question areas in order to gather further information on drug use in Ireland/Northern Ireland. However, in adding questions the integrity of the survey was priority. Thus it was decided that most additional questions would appear at the end of the survey so that if someone chose not to continue when asking sensitive drug market type questions the prevalence aspect of the survey was not lost.

- Everyone was asked if they had ever been offered illegal drugs in the particular jurisdiction in which the survey was conducted;
- If people had ever used the drug regularly, this question was addressed to those who had answered yes earlier in the questionnaire for either or all of alcohol, cannabis, ecstasy, cocaine and heroin;
- The age of first regular use of alcohol, cannabis, ecstasy, cocaine and heroin;
- People were asked if they had ever tried to stop using alcohol, cannabis, ecstasy, cocaine and heroin and what were their reasons for stopping;
- Source of cannabis, ecstasy, cocaine & heroin (location, family/friend/stranger, ease/difficulty in 24hr period);
- Use of other drugs not already covered in the questionnaire;
- Use of a substance for which the name was not known to the individual.

3.6 Contact Sheets

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.

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 a numbering process.

3.7 Pilot Exercise

In line with the EMCDDA guidelines, once the two questionnaires had been developed, they were pilot-tested in their respective jurisdictions. Eight interviewers in total, four in each jurisdiction, plus a supervisor in Northern Ireland, conducted the pilot interviews. Interviewer briefings were conducted, in MORI MRC's offices, on 17th September 2002 in Dublin and 18th September 2002 in Belfast.

Pilot interviews were conducted between 20th-24th September 2002 and a total of 51 completed interviews with a broad range of people were achieved; 25 in Ireland and 26 in Northern Ireland. The pilot interviews were conducted in a range of locations in order to ensure that the questionnaire was understood by respondents from a variety of backgrounds. The locations for the pilot interviews were as follows:

Ireland	Northern Ireland
<ul style="list-style-type: none"> • Dublin (North) • Dundalk • Roscrea 	<ul style="list-style-type: none"> • Newtownabbey • North Belfast • Derry • Bangor/Newtownards

Once piloting was completed, interviewers reconvened in Belfast (24 September 2002) and Dublin (25 September 2002) and a comprehensive debriefing exercise was undertaken. Within this format, interviewers shared their experiences and discussed the general interviewing process and any areas of confusion for respondents, within the questionnaire. Feedback was compared between interviewers and jurisdictions.

3.8 Pilot Feedback

The feedback from the interviewers regarding the questionnaire was overwhelmingly positive. Interviewers enjoyed the process and commented that the questionnaire flowed well with little overall difficulty encountered. Moreover, respondents were happy to participate in the study and to the best of the interviewers' knowledge, answered honestly and frankly, no problems were encountered regarding the subject matter under discussion and no respondents viewed the material as sensitive or were inhibited by the questions posed. Indeed, respondents commented that they enjoyed the experience and found the subject matter and the questions posed "interesting".

The mean length of the pilot questionnaire interviews was 20 minutes, in line with the project team and the RAG's original estimation, with individual interview lengths ranging from 15 to 31 minutes. Consequently the original timeframe and target number of interviews (7,600) remained possible.

Interviewers found naming the client was an excellent way of enhancing respondent participation, adding credibility and authenticity to the research and giving the respondents the sense that their contribution was an important and useful exercise. Moreover, the respondents were also reassured of the independence and confidentiality of the research, ensuring honest feedback.

The pilot exercise identified a few minor issues with the questionnaire and raised a few particular queries and areas of respondent confusion. The findings of the pilot exercise were discussed in detail with the RAG. While it was agreed that changes needed to be made, these were principally cosmetic in nature. Consequently it was felt that a further pilot exercise was not needed.

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 were 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;
- "Interviewer completion" was a better means of collecting information from respondents who had finished education 'early' (pre-primary, primary), were illiterate or had difficulty reading;
- Any potential bias which may have arisen from the way an interviewer asked a question were largely removed through the use of a straightforward questionnaire, and the high level of interviewer training and supervision.

4.2 Timing and Context

The survey was treated as an ad-hoc research study. Although it was designed as a one-off study, the need for the sampling and questionnaire design to allow for comparison with other studies in the EU as per EMCDDA guidelines was an important consideration. So too was the need to be compatible with any future studies to update this benchmark study in Ireland and Northern Ireland. These concerns, however, were secondary to the ultimate aim of achieving accurate and robust data on the prevalence of drug use.

Fieldwork was conducted in two phases, namely from October 2002 to December 2002 and from January 2003 to April 2003, in both jurisdictions and spread across all Health Board areas. This was to allow a spread of interviews before and after Christmas 2002. 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, seven comprehensive half-day briefings (five in Ireland and two in Northern Ireland) were held, giving interviewers plenty of time to absorb all the information they needed. 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 with project executives and members of the RAG, all interviewers received full written instructions on all aspects of the survey. The full instructions for interviewers in both jurisdictions are outlined in Appendix K.

4.4 Field Management

Following the sample selection MORI MRC's Fieldwork Management System was used to control and monitor progress on the study, as follows:

- The allocation of interviews 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.
- Every two to three days, supervisors and field staff were given an update on interviewers' progress and this report on progress was substantiated by booking-in records.
- Assignments of interviews were returned daily by the interviewers in the post.
- Upon receipt, packages were opened and sorted and questionnaires and contact sheets counted and entered on to the booking-in system.
- Contact sheets for each address bore a unique serial number so that it was possible to complete a response analysis for every household. Not only was there a record of all calls made to each household detailing the dates and times of day but the interviewers also recorded the final outcome information. This included as many details about the household as an interviewer could gather, for example if contact was made with the selected respondent who then refused to take part, the interviewer would record gender and estimate age. A full set of contact sheets has been retained for any inspection of records. A sample contact sheet is included in Appendix F of this document.
- In order to maintain anonymity of the respondent the contact sheets were despatched and stored separately from the questionnaires themselves.
- As questionnaires and contact sheets were returned they were passed to the supervisors for a full manual edit and then for validation (back checking). It is their job to ensure that a minimum of 10% validation of all completed questionnaires and at least 5% validation of contact sheets showing that no successful interview had taken place. It also confirmed vacant and commercial properties.
- Only after these quality control procedures had taken place were questionnaires dispatched for data entry.
- Each week an interim field report was compiled for each Health Board region showing addresses issued, successful interviews undertaken, pending interviews, refusals etc. This was passed to the Executive staff Study Manager.

- 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 with project executives and RAG members and were kept informed of developments across the whole fieldwork period.
- In addition to the support from supervisors, all interviewers had all Field staffs' telephone numbers and knew that they could call on any member of the Field department for support at any time.

4.5 Enhancing Response Rates

If the interviewer had visited a household, which was occupied, there were nevertheless 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.

I INTERVIEWER CALLS

In accordance with EMCDDA guidelines multiple calls were made to selected addresses. Interviewers were instructed to call up to five calls – 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). 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.

II 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.

III 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. A thoroughly briefed member of the support team at MORI MRC's offices in Dublin and Belfast handled all the calls. Written procedures outlined the action to be taken in response to different types of calls.

IV NAMING THE CLIENT

In the experience of the project team, 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 (Dept. of Community, Rural & Gaeltacht Affairs in Ireland and the Dept. of Health, Social Services & Public Safety in Northern Ireland) as sponsoring the study. This helped provide reassurance and establish the credibility of the survey in the respondent's eyes.

V THE PROMISE OF CONFIDENTIALITY

Response rates can also be enhanced by providing a visual reassurance of confidentiality to respondents. As a matter of course, respondents in all MORI MRC 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 telephone contact numbers for both the MRS (free-phone in Northern Ireland and lo-call in Ireland) and MORI MRC.

Usually this is provided after completion of interviewing but in this instance, this reassurance was provided before the interview actually took place, with a visual display of the MORI MRC promise of confidentiality. This provided a contact number for respondents to call, on the spot, if they had any reservations about taking part. An example of how this looked is provided in Appendix E of this document.

For this particular study it was also possible to provide potential respondents with a letter from the NACD in Ireland or DAIRU in Northern Ireland. Police (ie Garda Síochána and PSNI) at headquarters in both jurisdictions were informed that the survey was taking place in order to reassure people 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.

VI APPOINTMENT CARDS

In an attempt to increase response rates carefully designed appointment cards were left with other members of the household where the randomly selected respondent is not at home. 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.

VII 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.

VIII 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.

IX THE "MORI MRC" NAME

Finally, people were generally more likely to be receptive to an approach from an organisation they have heard of. As with other studies, interviewers found that the reputation and high profile of MORI as a trusted and independent research company – in both Ireland and Northern Ireland - also helped encourage responses.

4.6 Dealing with Better than Anticipated Response Rates

At the outset of this study, both MORI MRC and the RAG anticipated that the response rate would be around 60% in Ireland and 65% in Northern Ireland. It was on this basis that it was anticipated that a total of around 7,600 interviews would be completed.

During fieldwork it became clear that final response rates in Northern Ireland were in line with expectations (a final response rate of 63% was achieved), while the final response rates in Ireland were considerably better than expectations (a final response rate of 70% was achieved; a full ten percentage points above the anticipated level). This better than anticipated response rate was welcomed in terms of providing for robust data. This is reflected in the greater number of total interviews achieved (a final sample size of 8,434 was achieved, against a target of 7,600).

However, MORI MRC and the RAG had budgeted for a total of around 7,600 interviews and allowing the total number to increase substantially had budget implications (in terms of interviewer pay, field project management, quality control, and data entry and processing). Following detailed discussions with the RAG it was decided to allow the survey to continue uncontrolled, as before until all addresses allocated were contacted a minimum of 5 times, with MORI MRC bearing the additional cost.

4.7 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 a critical part of the stratified random sampling approach, since the random selection of the initial list of addresses is maintained. Inevitably, the number of calls, which were necessary to achieve each interview, varied. The following table outlines the number of calls required to achieve interviews in each health board area.

Health Board	Number of Calls			Average
	One to Three Calls (%)	Four to Five Calls (%)	Six or More Calls (%)	
Ireland	86	11	2	2.1
Eastern	74	21	5	2.6
Midland	95	4	*	1.5
Mid-Western	93	7	*	1.7
North-Eastern	94	6	1	1.5
North-Western	100	-	*	1.3
South-Eastern	84	13	3	2.3
Southern	89	9	2	2.1
Western	94	5	*	1.6
Northern Ireland	77	18	5	2.5
EHSSB	74	22	5	2.6
NHSSB	78	16	6	2.4
SHSSB	75	20	6	2.6
WHSSB	79	16	5	2.4
TOTAL	82	14	4	2.2

* <1% of interviews

Overall interviews were achieved after about two contacts on average, with interviewers tending to require more visits in Northern Ireland than in Ireland (2.5 contacts vs. 2.1 contacts). The two jurisdictions also differed in terms of the degree to which there were variations in the average number of calls per interview. While there was little variation between health board areas in

Northern Ireland (where contacts per interview ranged from 2.4 to 2.6), there was considerably more variation in Ireland. At one end of the spectrum, interviewers in the North-Western Health Board area had the least difficulty, achieving all of their interviews within three contacts. In the ERHA area, the number of contacts per interview was closer to the levels recorded in Northern Ireland, with 5% of all interviews requiring more than six calls to be completed.

4.8 Age & Gender

The following table compares the profile of the sample for the Ireland and Northern Ireland surveys with the profile of the target population as a whole.

	Population	% population	Sample	% sample
Ireland	2,653,774	100.0%	4,918	100.0%
Gender				
Male	1,332,965	50.2%	2,147	43.7%
Female	1,320,809	49.8%	2,771	56.3%
Age				
15-24	641,522	24.2%	893	18.2%
25-34	617,369	23.3%	1,102	22.4%
35-44	562,890	21.2%	1,248	25.4%
45-54	480,447	18.1%	900	18.3%
55-64	351,546	13.2%	775	15.8%
Health Board				
Eastern	985,185	37.1%	1,580	32.1%
Midland	147,288	5.6%	315	6.4%
Mid-Western	228,130	8.6%	424	8.6%
North-East	229,088	8.6%	433	8.8%
North-Western	142,689	5.4%	332	6.8%
Southern	390,419	14.7%	746	15.2%
South-Eastern	280,076	10.6%	604	12.3%
Western	250,899	9.5%	484	9.8%
Northern Ireland	1,090,990	100.0%	3516	100.0%
Gender				
Males	539,644	49.5%	1,575	44.8%
Females	551,346	50.5%	1,941	55.2%
Age				
15-24	238,586	21.9%	547	15.6%
25-34	242,221	22.2%	850	24.2%
35-44	246,974	22.6%	821	23.4%
45-54	200,890	18.4%	632	18.0%
55-64	162,319	14.9%	666	18.9%
Health Board				
EHSSB	430,909	39.5%	1,393	39.6%
NHSSB	278,371	25.5%	877	24.9%
SHSSB	199,438	18.3%	655	18.6%
WHSSB	182,272	16.7%	591	16.8%

*CSO Census 2002 data for the population aged between 15 and 64

**NISRA Census 2001 data for the population aged between 16 and 74.

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 are under-represented in both jurisdictions, while male respondents and those in the Eastern Regional Health Authority (ERHA) appear to be under-represented in the Ireland survey. Given that, as the EMCDDA point 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 and 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.

4.9 Dublin Respondents

One area of concern for the project team and the RAG was the high number of contacts per interview in the ERHA area. This obviously reflected the difficulties faced by interviewers in successfully completing interviews in that area. Since this area includes Ireland's largest city, Dublin, and a number of localities, which have had particular difficulties with drug use, it was important to establish that the sample achieved for Dublin adequately represented its population. The table below compares the unweighted sample achieved in Dublin with CSO data for the city. It also compares overall unweighted sample figures for Ireland with the corresponding data from the CSO.

Ireland	Population Survey Sample size	CSO* 000's	Population Survey %	CSO* %
Working full-time (including self-employed)	2,495	1,450.5	50.8%	54.1%
Working part-time	628	287.2	12.8%	10.7%
Unemployed (Include 1st job seekers, seeking work)	137	84.8	2.8%	3.2%
Not in Labour Force	1,648	860.6	33.4%	32.1%
Not stated	10	-	0.2%	-
<i>Total</i>	<i>4,918</i>	<i>2,683.0</i>	<i>100.0%</i>	<i>100.0%</i>
Dublin	Population Survey Sample size	CSO 000's	Population Survey %	CSO %
Working full-time (including self-employed)	723	449.4	55.1%	55.9%
Working part-time	161	95.1	12.3%	11.8%
Unemployed (Include 1st job seekers, seeking work)	41	24.1	3.1%	3.0%
Not in Labour Force	385	234.8	29.4%	29.2%
Not stated	1	-	0.1%	-
<i>Total</i>	<i>1,311</i>	<i>803.3</i>	<i>100.0%</i>	<i>100.0%</i>

*CSO data based on Quarterly National Household Survey (December 2002 - February 2003) excluding under 15 and over 65s

For the purposes of this comparison, employment data from the CSO's Quarterly National Household Survey was used. These include data on employment, unemployment and participation in the labour force. As such, they served as a good proxy for the social make-up of the areas

looked at. Bearing in mind that the population survey sample is unweighted, it is clear that the proportions of people in employment and unemployed were broadly in line with the CSO's data on the labour force. This was true both for the national figures and for the Dublin figures and suggests that concerns about any potential bias (especially for the latter) were unfounded.

A similar analysis can be conducted for Northern Ireland, as follows:

Northern Ireland	Population Survey Sample size	NISRA* 000's	Population Survey %	NISRA* %
Working full-time (including self-employed)	1,615	544.0	46.0%	45.8%
Working part-time	425	118.0	12.1%	9.9%
Unemployed (Include 1st job seekers, seeking work)	200	49.1	5.7%	4.1%
Not in Labour Force	1,276	476.0	36.2%	40.1%
<i>Total</i>	<i>3,516</i>	<i>1,187.1</i>	<i>100.0%</i>	<i>100.0%</i>

*NISRA Census 2001 data for the population aged between 16 and 74.

Once again, the profile of the respondents in the population study broadly matches the official population estimates. The only discrepancy being a lower proportion of people outside the labour force (36.2%) compared to the official figure (40.1%). In part this can be attributed to the fact that the NISRA data refers to the population between the ages of 16 and 74 years old. Consequently, the latter would include a higher proportion of pensioners than in the 15-64 age group.

4.10 Contact Sheet Details

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, sex 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 survey.

Area	% of Sample	% of Refusals
Ireland		
Male	44	45
Female	56	55
15-24 years	18	6
25-34 years	22	18
35-44 years	25	26
45-54 years	18	29
55-64 years	16	21
Northern Ireland		
Male	45	48
Female	55	52
15-24 years	16	6
25-34 years	24	19
35-44 years	23	31
45-54 years	18	24
55-64 years	19	19

In terms of gender there appears to be little difference between the sample and the refusals, with males being the slightly larger group in both jurisdictions. There was a higher proportion of people in the 45-54 age group among those who refused to take part. This was apparent in both jurisdictions. At the same time 15-24 year olds made up a smaller proportion of refusals compared to the sample (ie. 6% vs. 18% in Ireland and 6% Vs 16% in Northern Ireland. 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	52.2	38.8
House/bungalow - semi-detached	23.7	29.5
House/bungalow - mid terrace	14.5	17.5
House/bungalow - end terrace	5.5	4.5
Purpose built flat. etc, - building less than 6 floors	3.2	7.5
Purpose built flat. etc, - building 6 or more floors	0.4	1.8
Conversion flat/maisonette(s)/shared house	0.4	0.1
Other	0.2	0.3
TOTAL	100.0	100.0
Northern Ireland		
House/bungalow - detached	33.6	32.4
House/bungalow - semi-detached	24.8	27.6
House/bungalow - mid terrace	26.5	26.2
House/bungalow - end terrace	10.5	9.6
Purpose built flat. etc, - building less than 6 floors	3.8	3.5
Purpose built flat. etc, - building 6 or more floors	*	0.3
Conversion flat/maisonette(s)/shared house	0.6	0.3
Hostel or Bed & Breakfast	0.2	*
Other	*	0.3
Total	100.0	100.0

*Negligible

The property types associated with the sample for Northern Ireland are broadly similar to the properties of those who refused to take part, with no more than three percentage points between the figures. In Ireland, those who refused to take part were less likely to live in a detached house than the sample, with over half the sample (52%) living in detached houses compared to 39% of those who refused to participate. On the other hand those who refused were more likely to live in semi-detached houses, mid-terrace houses or purpose built flats with less than six floors.

4.11 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 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 present in the health board regions in Ireland and Northern Ireland. 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
Ireland					
TOTAL	n	8474	4918	2119	1437
	%	100%	58%	25%	17%
Eastern	n	3175	1580	1097	498
	%	100%	50%	35%	16%
Midlands	n	468	315	88	65
	%	100%	67%	19%	14%
Mid-West	n	718	424	144	150
	%	100%	59%	20%	21%
North East	n	701	433	129	139
	%	100%	62%	18%	20%
North West	n	484	332	80	72
	%	100%	69%	17%	15%
South East	n	938	604	172	162
	%	100%	64%	18%	17%
Southern	n	1250	746	279	225
	%	100%	60%	22%	18%
Western	n	740	484	130	126
	%	100%	65%	18%	17%
Northern Ireland					
Total	n	8135	3516	2096	2523
	%	100%	43%	26%	31%
EHSSB	n	3261	1393	810	1058
	%	100%	43%	25%	32%
NHSSB	n	2078	877	558	643
	%	100%	42%	27%	31%
SHSSB	n	1438	655	360	423
	%	100%	46%	25%	29%
WHSSB	n	1358	591	368	399
	%	100%	44%	27%	29%

Frame errors accounted for 31% of the gross sample in Northern Ireland compared to 17% 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 the jurisdiction involved. The difference between the proportions of frame errors on either side of border can be attributed to two factors:

- The addresses for Ireland selected using GeoDirectory data are likely to be more up to date due to the quarterly updates conducted by that organisation.

- Northern Ireland had a slightly higher proportion of people aged 65 and over, 13.3% compared to 11.1% for Ireland.

4.12 Response Rates for Population Survey

Details of overall response rates for Ireland and Northern Ireland, along with rates for health boards, are shown below.

Health Board Region	Gross Sample	Valid Sample*	Response	% Response
Ireland				
Total Ireland	8474	7037	4918	70
Eastern	3175	2677	1580	59
Southern	1250	1025	746	73
South Eastern	938	776	604	78
Western	740	614	484	79
Mid Western	718	568	424	75
North Eastern	701	562	433	77
Midland	468	403	315	78
North Western	484	412	332	81
Northern Ireland				
Total Northern Ireland	8135	5612	3516	63
EHSSB	3261	2203	1393	63
NHSSB	2078	1435	877	61
SHSSB	1438	1015	655	65
WHSSB	1358	959	591	62

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

The following tables shows more detailed response and non-response distribution by health board.

**Response Rate by Health Board -
Ireland**

Final Outcome		ERHA	MHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB	Total
		Freq RR	Freq RR	Freq RR	Freq RR	Freq RR	Freq RR	Freq RR	Freq RR	Freq RR
Successful										
Interview	Successful Interview	1580 59%	315 78%	424 75%	433 77%	332 81%	604 78%	746 73%	484 79%	4918 70%
Refused	Refused before respondent selection	259 10%	21 5%	51 9%	61 11%	39 9%	47 6%	98 10%	57 9%	633 9%
	Refused after respondent selection	147 5%	20 5%	18 3%	18 3%	18 4%	14 2%	21 2%	12 2%	268 4%
	Entry to block/scheme refused by warden etc.	25 1%	0%	0%	1 0%	0%	3 0%	5 0%	0%	34 0%
No contact	Occupied, no contact at address after 5+ calls	369 14%	32 8%	36 6%	23 4%	16 4%	46 6%	89 9%	34 6%	645 9%
	No contact with selected resident, 4+ calls	125 5%	3 1%	16 3%	7 1%	1 0%	29 4%	24 2%	8 1%	213 3%
	Occupier in but not answering door after 5+ calls	25 1%	3 1%	1 0%	3 1%	0%	5 1%	6 1%	2 0%	45 1%
	Unsure if occupied, no contact after 5+ calls	61 2%	2 0%	7 1%	10 2%	3 1%	8 1%	18 2%	12 2%	121 2%
Property Ineligible	Property vacant	74	9	37	15	11	44	71	31	292
	Property derelict	3	2	6	5		1	6	3	26
	Property demolished	4		2			1	2		9
	Non-residential property	10	1	1	4	2	6	3	1	28
	Property not found	55	10	24	26	9	22	42	7	195
Other	Too ill to participate	18 1%	1 0%	7 1%	1 0%	0%	4 1%	2 0%	1 0%	34 0%
	Away during fieldwork	15 1%	3 1%	0%	2 0%	1 0%	2 0%	3 0%	0%	26 0%
	Household not eligible	351	52	71	89	50	88	101	84	886
	Mother tongue required	3 0%	1 0%	0%	0%	0%	2 0%	1 0%	0%	7 0%
	Other	54 2%	5 1%	4 1%	2 0%	2 0%	11 1%	13 1%	5 1%	96 1%
Total		3178	480	705	700	484	937	1251	741	8476
Total - Eligible households - excluded all property ineligible and household ineligible		2681 100%	406 100%	564 100%	561 100%	412 100%	775 100%	1026 100%	615 100%	7040 100%

**Response Rate by
Health Board _NI**

Final Outcome		NI - E		NI - N		NI - S		NI - W		NI - Total	
		Freq	RR	Freq	RR	Freq	RR	Freq	RR	Freq	RR
Successful Interview	Successful Interview	1393	63%	877	61%	655	65%	591	62%	3516	63%
Refused	Refused before respondent selection	190	9%	109	8%	92	9%	79	8%	470	8%
	Refused after respondent selection	123	6%	88	6%	54	5%	54	6%	319	6%
	Entry to block/scheme refused by warden etc.	5	0%		0%				0%	5	0%
No contact	Occupied, no contact at address after 5+ calls	285	13%	216	15%	99	10%	60	6%	660	12%
	No contact with selected resident, 4+ calls	101	5%	54	4%	51	5%	32	3%	238	4%
	Occupier in but not answering door after 5+ calls	24	1%	9	1%	17	2%	42	4%	92	2%
	Unsure if occupied, no contact after 5+ calls	31	1%	28	2%	14	1%	39	4%	112	2%
Property Ineligible	Property vacant	143		152		75		88		458	
	Property derelict	19		13		26		24		82	
	Property demolished	62		4		5		6		77	
	Non-residential property	78		42		21		66		207	
	Property not found	42		50		45		54		191	
Other	Too ill to participate	12	1%	6	0%	11	1%	2	0%	31	1%
	Away during fieldwork	7	0%	9	1%		0%	5	1%	21	0%
	Household not eligible	714		382		251	0	181		1508	
	Mother tongue required	3	0%	4	0%	3	2%	1	0%	11	0%
	Other	29	1%	35	2%	19	2%	54	6%	137	2%
Total		3261		2078		1438		1358		8135	
Total - Eligible households - excluded all property ineligible and household ineligible		2203	100%	1435	100%	1015	100%	959	100%	5612	100%

5. Data Processing and Weighting

5.1 Data Processing

On receipt of the edited questionnaires, the responses questions relating to occupation and education in each questionnaire were coded for socio-economic group (A, B, C1, C2 etc.), as mentioned earlier. At the same time the Northern Ireland questionnaires were coded for the Standard Occupational Classification (SOC2000). The latter classification is a detailed grading system allocating codes to very specific job descriptions. Each response was given a 4 digit code corresponding to their specific occupation (ie. managers in construction would be coded 1122).

Since the SOC2000 classification is designed as a series of increasing large groups, it would be possible to analyse response in a number of different occupational groups as appropriate. Taking the example of managers in construction they can be grouped with a broader group of Production Managers, who in turn are part of the larger group of Corporate Managers and so on (see box below)

1	MANAGERS AND SENIOR OFFICIALS
11	CORPORATE MANAGERS
112	Production Managers
1122	Managers in construction

In both jurisdictions responses to Q153 (other illegal drugs taken) were listed as coding was not necessary because there were too few responses. The list for each jurisdiction is as follows:

Ireland

Name of Drugs Taken
Elephant tranquilizer
Hubly bubbly pipe
Mandrox
PF118's
PCP
Purple Hearts
G.H.B, D.M.T, M.D.A, M.D.M.A
Mescaline
G.H.B
Not stated / refused

Northern Ireland

Name of Drugs Taken
G.H.V
Blue Bombers
Speed
Poteen
Ketamin
Diazepam
G.H.B
Pot
Ejjejen / body building
Can't remember
Not stated / refused

After coding, the questionnaires were data entered, in a format which would allow for the creation of an SPSS datafile. Responses were recorded in text or numeric form as appropriate. For numeric questions, "don't know" responses were denoted by "-1". 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.

During the data processing stage, 25% of questionnaires were double-punched to verify the accuracy of the data. After data punching a variety of logic checks were also carried out on the datafile, including tests for consistency based on age, gender and drug use. An example section of this check program is shown in Appendix N.

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 resident in Ireland and Northern 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 results are reweighted. 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 instance the answers of an under-represented group such as males aged 15-24 living in the ERHA are emphasised, and the answers from an over-represented group such as females aged 35-44 living in the Southern Health Board 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 Northern Ireland and in Ireland, according to latest census (Northern Ireland 2001, Ireland 2002). These weighting variables were agreed with the RAG 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 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 Weights

The sample for the survey was subdivided into cells according to the respondent's age group, gender and health board area (ie. 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.

Weights Assigned to Respondents Living in Ireland**Design Effect = 1.076152**

Gender	Area	Age	Response	Response Ratio (%) {S}	Population	Population Ratio (%)	Weight {W}	Squared Weights ¹⁷ {SWW}
TOTAL	TOTAL	TOTAL	4918	100.00%	2653774	100.00%		1.076152
Male	Eastern	15-24	143	2.90769%	121,432	4.57582%	1.573699	0.072010
Male	Eastern	25-34	163	3.31436%	125,313	4.72207%	1.424732	0.067277
Male	Eastern	35-44	186	3.78203%	99,006	3.73076%	0.986446	0.036802
Male	Eastern	45-54	107	2.17568%	80,293	3.02562%	1.390652	0.042076
Male	Eastern	55-64	96	1.95201%	58,222	2.19393%	1.123933	0.024658
Male	Midland	15-24	31	0.63034%	18,220	0.68657%	1.089209	0.007478
Male	Midland	25-34	38	0.77267%	16,559	0.62398%	0.807561	0.005039
Male	Midland	35-44	25	0.50834%	16,579	0.62473%	1.228975	0.007678
Male	Midland	45-54	25	0.50834%	14,308	0.53916%	1.060629	0.005718
Male	Midland	55-64	19	0.38634%	10,054	0.37886%	0.980641	0.003715
Male	Mid-Western	15-24	36	0.73200%	28,742	1.08306%	1.479582	0.016025
Male	Mid-Western	25-34	33	0.67100%	25,286	0.95283%	1.420008	0.013530
Male	Mid-Western	35-44	41	0.83367%	24,276	0.91477%	1.097281	0.010038
Male	Mid-Western	45-54	39	0.79301%	21,996	0.82886%	1.045210	0.008663
Male	Mid-Western	55-64	35	0.71167%	15,967	0.60167%	0.845434	0.005087
Male	North-East	15-24	43	0.87434%	27,985	1.05454%	1.206095	0.012719
Male	North-East	25-34	29	0.58967%	26,506	0.99880%	1.693834	0.016918
Male	North-East	35-44	44	0.89467%	25,687	0.96794%	1.081895	0.010472
Male	North-East	45-54	35	0.71167%	21,777	0.82060%	1.153067	0.009462
Male	North-East	55-64	30	0.61000%	15,273	0.57552%	0.943469	0.005430
Male	North-Western	15-24	29	0.58967%	17,244	0.64979%	1.101957	0.007160
Male	North-Western	25-34	35	0.71167%	14,498	0.54632%	0.767652	0.004194
Male	North-Western	35-44	36	0.73200%	15,020	0.56599%	0.773200	0.004376
Male	North-Western	45-54	30	0.61000%	14,318	0.53953%	0.884475	0.004772
Male	North-Western	55-64	22	0.44734%	11,191	0.42170%	0.942694	0.003975
Male	Southern	15-24	62	1.26068%	46,937	1.76869%	1.402969	0.024814
Male	Southern	25-34	75	1.52501%	43,380	1.63465%	1.071897	0.017522
Male	Southern	35-44	79	1.60634%	42,069	1.58525%	0.986869	0.015644
Male	Southern	45-54	64	1.30134%	37,003	1.39435%	1.071474	0.014940
Male	Southern	55-64	55	1.11834%	27,719	1.04451%	0.933984	0.009756
Male	South-Eastern	15-24	47	0.95567%	33,869	1.27626%	1.335455	0.017044
Male	South-Eastern	25-34	45	0.91501%	30,506	1.14953%	1.256312	0.014442
Male	South-Eastern	35-44	66	1.34201%	30,635	1.15439%	0.860198	0.009930
Male	South-Eastern	45-54	64	1.30134%	26,982	1.01674%	0.781302	0.007944
Male	South-Eastern	55-64	36	0.73200%	20,442	0.77030%	1.052314	0.008106
Male	Western	15-24	33	0.67100%	31,276	1.17855%	1.756394	0.020700
Male	Western	25-34	50	1.01667%	26,429	0.99590%	0.97957	0.009756
Male	Western	35-44	37	0.75234%	26,559	1.00080%	1.330254	0.013313
Male	Western	45-54	48	0.97601%	24,889	0.93787%	0.960928	0.009012
Male	Western	55-64	36	0.73200%	18,518	0.69780%	0.953271	0.006652
Female	Eastern	15-24	163	3.31436%	122,520	4.61682%	1.392977	0.064311
Female	Eastern	25-34	211	4.29036%	128,579	4.84514%	1.129307	0.054716

¹⁷ “Squared Weights” – these are equal to the Response Ratio multiplied by the weight squared (ie. Response Ratio x Weight²)

Weights Assigned to Respondents Living in Ireland**Design Effect = 1.076152**

Gender	Area	Age	Response	Response Ratio (%) {S}	Population	Population Ratio (%)	Weight {W}	Squared Weights ¹⁷ {SWW}
TOTAL	TOTAL	TOTAL	4918	100.00%	2653774	100.00%		1.076152
Female	Eastern	35-44	236	4.79870%	103,728	3.90870%	0.814533	0.031838
Female	Eastern	45-54	151	3.07035%	84,974	3.20201%	1.042878	0.033393
Female	Eastern	55-64	124	2.52135%	61,118	2.30306%	0.913423	0.021037
Female	Midland	15-24	35	0.71167%	16,632	0.62673%	0.880645	0.005519
Female	Midland	25-34	37	0.75234%	15,968	0.60171%	0.799785	0.004812
Female	Midland	35-44	41	0.83367%	15,940	0.60065%	0.720492	0.004328
Female	Midland	45-54	34	0.69134%	13,505	0.50890%	0.736106	0.003746
Female	Midland	55-64	30	0.61000%	9,523	0.35885%	0.588271	0.002111
Female	Mid-Western	15-24	40	0.81334%	27,242	1.02654%	1.262129	0.012956
Female	Mid-Western	25-34	48	0.97601%	24,467	0.92197%	0.944635	0.008709
Female	Mid-Western	35-44	62	1.26068%	23,641	0.89084%	0.706641	0.006295
Female	Mid-Western	45-54	34	0.69134%	20,981	0.79061%	1.143594	0.009041
Female	Mid-Western	55-64	56	1.13867%	15,532	0.58528%	0.514001	0.003008
Female	North-East	15-24	48	0.97601%	25,983	0.97910%	1.046782	0.010695
Female	North-East	25-34	59	1.19967%	26,041	0.98128%	0.817957	0.008026
Female	North-East	35-44	81	1.64701%	25,031	0.94322%	0.572688	0.005402
Female	North-East	45-54	34	0.69134%	20,471	0.77139%	1.115796	0.008607
Female	North-East	55-64	32	0.65067%	14,334	0.54014%	0.830122	0.004484
Female	North-Western	15-24	25	0.50834%	16,321	0.61501%	1.209849	0.007441
Female	North-Western	25-34	37	0.75234%	14,636	0.55152%	0.73307	0.004043
Female	North-Western	35-44	43	0.87434%	15,423	0.58117%	0.664699	0.003863
Female	North-Western	45-54	41	0.83367%	13,809	0.52035%	0.62417	0.003248
Female	North-Western	55-64	34	0.69134%	10,229	0.38545%	0.557544	0.002149
Female	Southern	15-24	66	1.34201%	45,607	1.71857%	1.280596	0.022008
Female	Southern	25-34	96	1.95201%	42,838	1.61423%	0.826956	0.013349
Female	Southern	35-44	110	2.23668%	41,819	1.57583%	0.70454	0.011102
Female	Southern	45-54	70	1.42334%	35,966	1.35528%	0.952179	0.012905
Female	Southern	55-64	69	1.40301%	27,081	1.02047%	0.727345	0.007422
Female	South-Eastern	15-24	47	0.95567%	31,445	1.18492%	1.239876	0.014691
Female	South-Eastern	25-34	76	1.54534%	30,066	1.13295%	0.73314	0.008306
Female	South-Eastern	35-44	96	1.95201%	30,915	1.16494%	0.596791	0.006952
Female	South-Eastern	45-54	70	1.423343%	25,637	0.96606%	0.678725	0.006557
Female	South-Eastern	55-64	57	1.159008%	19,579	0.73778%	0.636561	0.004696
Female	Western	15-24	47	0.955673%	30,067	1.13299%	1.185542	0.013432
Female	Western	25-34	70	1.423343%	26,297	0.99093%	0.696198	0.006899
Female	Western	35-44	65	1.321675%	26,562	1.00091%	0.757307	0.007580
Female	Western	45-54	54	1.098007%	23,538	0.88696%	0.807794	0.007165
Female	Western	55-64	44	0.894673%	16,764	0.63170%	0.706073	0.004460

A similar list of weights for Northern Ireland is displayed overleaf.

Weights Assigned to Respondents Living in Northern Ireland

Design Effect = 1.059080

Gender	Area	Age	Response	Response Ratio (%) {S}	Population 000	Population Ratio (%)	Weight {W}	Square Weights {SWW}
TOTAL	TOTAL	TOTAL	3516	100%	1,090.990	100%		1.059080
Male	EHSSB	15-24	80	2.27531%	47.1600	4.32268%	1.899818	0.082123
Male	EHSSB	25-34	142	4.03868%	45.2500	4.14761%	1.026971	0.042595
Male	EHSSB	35-44	130	3.69738%	46.7360	4.28382%	1.158607	0.049633
Male	EHSSB	45-54	114	3.24232%	38.8450	3.56053%	1.098142	0.039100
Male	EHSSB	55-64	139	3.95336%	31.5660	2.89334%	0.731868	0.021175
Male	NHSSB	15-24	65	1.84869%	28.9400	2.65264%	1.434872	0.038062
Male	NHSSB	25-34	97	2.75882%	30.7620	2.81964%	1.022047	0.028818
Male	NHSSB	35-44	91	2.58817%	31.2200	2.86162%	1.105655	0.031640
Male	NHSSB	45-54	64	1.82025%	26.2610	2.40708%	1.322389	0.031831
Male	NHSSB	55-64	84	2.38908%	20.9950	1.92440%	0.805498	0.015501
Male	SHSSB	15-24	52	1.47895%	22.2650	2.04081%	1.379899	0.028161
Male	SHSSB	25-34	67	1.90557%	22.4690	2.05951%	1.080779	0.022259
Male	SHSSB	35-44	90	2.55973%	22.9110	2.10002%	0.820408	0.017229
Male	SHSSB	45-54	54	1.53584%	18.3480	1.68178%	1.095023	0.018416
Male	SHSSB	55-64	43	1.22298%	14.2130	1.30276%	1.065235	0.013877
Male	WHSSB	15-24	46	1.30830%	22.1460	2.02990%	1.551549	0.031495
Male	WHSSB	25-34	64	1.82025%	20.6340	1.89131%	1.039038	0.019651
Male	WHSSB	35-44	64	1.82025%	19.9950	1.83274%	1.006861	0.018453
Male	WHSSB	45-54	47	1.33675%	16.7160	1.53219%	1.146206	0.017562
Male	WHSSB	55-64	42	1.19454%	12.2120	1.11935%	0.937056	0.010489
Female	EHSSB	15-24	112	3.18544%	47.6360	4.36631%	1.370709	0.059849
Female	EHSSB	25-34	207	5.88737%	48.4630	4.44211%	0.754515	0.033516
Female	EHSSB	35-44	182	5.17634%	51.1230	4.68593%	0.905259	0.042420
Female	EHSSB	45-54	132	3.75427%	40.1250	3.67785%	0.979646	0.036030
Female	EHSSB	55-64	155	4.40842%	34.0050	3.11689%	0.707032	0.022037
Female	NHSSB	15-24	72	2.04778%	28.5870	2.62028%	1.279570	0.033528
Female	NHSSB	25-34	97	2.75882%	31.3070	2.86960%	1.040154	0.029848
Female	NHSSB	35-44	115	3.27076%	31.9770	2.93101%	0.896124	0.026265
Female	NHSSB	45-54	93	2.64505%	26.1000	2.39232%	0.904452	0.021637
Female	NHSSB	55-64	99	2.81570%	22.2220	2.03687%	0.723396	0.014735
Female	SHSSB	15-24	55	1.56428%	21.2810	1.95061%	1.246974	0.024324
Female	SHSSB	25-34	93	2.64505%	22.4080	2.05391%	0.776512	0.015949
Female	SHSSB	35-44	85	2.41752%	22.6700	2.07793%	0.859529	0.017860
Female	SHSSB	45-54	57	1.62116%	18.1310	1.66189%	1.025121	0.017036
Female	SHSSB	55-64	59	1.67804%	14.7420	1.35125%	0.805253	0.010881
Female	WHSSB	15-24	65	1.84869%	20.5710	1.88554%	1.019929	0.019231
Female	WHSSB	25-34	83	2.36064%	20.9280	1.91826%	0.812602	0.015588
Female	WHSSB	35-44	64	1.82025%	20.3420	1.86455%	1.024334	0.019099
Female	WHSSB	45-54	71	2.01934%	16.3640	1.49992%	0.742778	0.011141
Female	WHSSB	55-64	45	1.27986%	12.3640	1.13328%	0.885471	0.010035

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 1.059080 in Northern Ireland and 1.076152 in Ireland thereby reducing the actual sample size from 4,918 to an effective sample size of 4,570 in Ireland and from 3,516 to an effective sample size of 3,320 in Northern Ireland. The same rule applies to sub-groups of the total sample, as the table below demonstrates.

Health Board Region	Design Effect
Ireland	1.076152
Eastern	0.448118
Midland	0.050145
Mid-Western	0.093353
North East	0.092215
North Western	0.045222
Southern	0.149462
South Eastern	0.098668
Western	0.098969
Northern Ireland	1.059080
EHSSB	0.428478
NHSSB	0.271866
SHSSB	0.185992
WHSSB	0.172744

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				
		$\pm\%$	$\pm\%$	$\pm\%$
Total	4,918	0.84	1.28	1.40
Eastern	1,580	1.48	2.26	2.47
Southern	746	2.15	3.29	3.59
South Eastern	604	2.39	3.65	3.99
Western	484	2.67	4.08	4.45
Mid Western	424	2.86	4.36	4.76
North Eastern	433	2.83	4.32	4.71
Midland	315	3.31	5.06	5.52
North Western	332	3.23	4.93	5.38
Northern Ireland				
		$\pm\%$	$\pm\%$	$\pm\%$
Total Northern Ireland	3,516	0.99	1.51	1.65
EHSSB	1,393	1.58	2.41	2.63
NHSSB	877	1.99	3.03	3.31
SHSSB	655	2.30	3.51	3.83
WHSSB	591	2.42	3.69	4.03

For example, with a total sample size of 4,918 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 ± 1.40 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 (51.40 % or 48.60 %).

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%
		+/-	+/-	+/-	+/-	+/-
8,434 (Island of Ireland)		0.64	0.85	0.98	1.05	1.07
4,918 (Ireland)		0.84	1.12	1.28	1.37	1.40
3,516 (Northern Ireland)		0.99	1.32	1.51	1.62	1.65
4,100 (Ireland) vs. 3,500 (Northern Ireland)		1.33	1.76	2.00	2.13	2.17

6.1 Calculation of Denominators for Drug Prevalence.

Example – Cannabis (see endnote 1)

Total Number of respondents in Survey = N

Questions labels A,B,C etc for clarity. D not used as variable label to ensure not confused with symbol for denominator.

d_A = Denominator for question A ; d_B = Denominator for question B etc

Appropriate denominator also needs to be used when calculating averages (for example, with age variables)

Q No.	Question	Label	Responses	Responses Label	Denominator	Comment
Q24	Have you ever heard of cannabis?	A	Yes No Not Stated	AY AN ANS	$d_A = N - \text{ANS}$	Those who did not respond to this question (ANS) are excluded from the denominator. As this group is routed out of any further questions, they are also excluded from the denominators for subsequent questions.
Q25	Know people who take cannabis?	B	Yes No Not Stated	BY BN BNS	$d_B = d_A - \text{BNS}$	For logic see Q26 but also see endnote 2.
Q26	Have you ever taken cannabis?	C	Yes No Not Stated	CY CN CNS	$d_C = d_A - \text{CNS}$	The denominator should <u>include</u> those who have said they have never heard of cannabis (ie answered “no” to Q24). The logic behind this is that those who have never heard of a drug will have never (knowingly) taken it. Therefore they should appear in the denominator but not the numerator. See endnote 2.

Q No.	Question	Label	Responses	Reponses Label	Denominator	Comment
Q27	<p>Age first taken cannabis?</p> <p>Notes – the following assumptions have been made:</p> <ul style="list-style-type: none"> • If age = -1, it is assumed that age was not stated • If age = 0, it is assumed that age is incorrect <p>There will also need to be logical checks on age (if these have not already been carried out). If age calculated to be inappropriate value (eg greater than current age), these cases will also have to be omitted from any calculation.</p>	E	(Age) -1 0	E(Age) Eminus1 Ezero	$d_E = CY - (Ezero + Eminus1)$	This variable could be reported on in a number of ways. Probably the most logical is the age profile (including average age) of those who have taken the drug hence the “starting point” is those who have answered “yes” to Q26 (ie CY). People whose age is missing or is logically incorrect also have to be excluded from any calculation.
Q28	Taken cannabis in last 12 months?	F	Yes No Not Stated	FY FN FNS	$d_F = d_C - FNS$	For last month prevalence it is assumed that people who have never heard of cannabis (ie those who answered “no” to Q24) and those who have never taken cannabis (ie those who have answered “no” to Q26) will <u>not</u> have taken cannabis in the last month. Therefore, they appear in the denominator as the formula shows (see endnote 3).
Q29	Taken cannabis in last 30 days?	G	Yes No Not Stated	GY GN GNS	$d_G = d_F - GNS$	Logic as per Q28 – those who have answered “no” to having taken in the last year will not have taken in the last 30 days.

Q No.	Question	Label	Responses	Reponses Label	Denominator	Comment
Q30	How many days taken cannabis? (notes assume if days = -1, days not stated assume if days = 0, days incorrect)	H	(No of days) -1 0	H(No of Days) Hminus1 Hzero	$d_H = GY - (H_{zero} + H_{minus})$	This information is most logically reported on those who have taken in the last month and so those who have answered “yes” to Q29 are the denominator, again with the proviso that those for whom the number of days is missing or logically incorrect are excluded
Q31	Type of cannabis taken?	J	(Type) Don't Know Not stated	J(Type) JDK JNS	$d_J = GY - (JDK + JNS)$	Ditto comments Q31.
Q32	Method for taking cannabis?	K	(Method) Don't Know Not stated	K(Method) KDK KNS	$d_K = GY - (KDK + KNS)$	Ditto comments Q31.

Endnote:

- 1 This model can be used for all drugs except alcohol and tobacco. It is assumed that everyone will have heard of these two substances and therefore the “knowledge” question was not asked. The lifetime prevalence denominator (using the same symbols as in the cannabis example above) for alcohol and tobacco therefore becomes $d_C = N - CNS$. All other calculations remain unaltered.
- 2 There are strong reasons for including those who have never heard of a drug in the denominator. The logical reason is given in the comment - ie, if you have never heard of the drug, you have never knowingly taken it (and it is worth noting that all prevalence estimates are based on those who “knowingly” take a drug).
It is also worth considering what the prevalence estimates are trying to ascertain. They are trying to estimate what the prevalence of drug taking is in the general population. Therefore, it is entirely legitimate to exclude from the calculation those who have refused to answer the question. They may have a number of reasons for refusing to answer, and we cannot just assume that they have not taken the drug. However, if you exclude those who have never heard of a drug from the denominator, then you risk getting some very strange results.
- 3 Again, when looking at last year and last month prevalence rates we are interested in the rate in the general population. There are circumstances where we are interested in how many people who have ever taken a drug have used in the last year, last month etc this is known as the “continuation rate”, and tables will be specified separately), but when looking at the overall population (ie what proportion of the Irish population have used cannabis in the last year) it is clear that those who have never taken cannabis must be retained in the denominator.

7. Monitoring the Study

The RAG continued to meet (as mentioned in chapter one) throughout 2003, 2004 and 2005 to monitor the study, agreed the accuracy of the data and to finalise each of the Bulletins emerging from the study. The meetings enabled discussion and clarification of issues which arose in the controls and cross checks carried out by the RAG as set out below. Meetings were held in alternate locations, agendas were agreed in advance and notes taken which noted the actions or steps to be taken. Fourteen meetings took place between 2004 and 2005 and there was also continuous correspondence by email for the duration of the study.

DATA PROCESSING

When the “pen and paper” method of data collection is used, the stage of data processing where errors are most likely to occur is when transferring the data from the paper questionnaires into electronic format. It is therefore necessary to “clean” the data file to ensure everything recorded on the paper questionnaires matches the numbers in the data file.

DATA VALIDATION AND DATA CLEANING

Data validation and data cleaning are the procedures that check the data are valid and sensible/reasonable before they are processed in the appropriate software (SPSS in this case). Given the importance of the data in this study and the prevalence figures it generated, quality control of the highest standards had to be used.

CONTRACTOR DATA CHECKING

At the outset the following data validation measures were agreed with MORI MRC:

- 25% of questionnaires would be double punched and compared directly for inconsistencies.
- A variety of logic checks were to be carried out on the resulting data file including tests for consistency based on age, gender and drug use. The checks were designed and deployed in-house by MORI MRC.

The RAG was assured these checks were performed as part of the cleaning of the original data file.

DATA ERRORS

On receipt of the original data final, both the NACD and DAIRU performed some additional checks, initially based on frequency analyses, to determine the quality of the data. Unfortunately, some inconsistencies were uncovered and it emerged that the tests performed by the contractor were insufficient to ensure the data was of the highest quality. The issues with data integrity appeared to have occurred as a result of human error during data entry.

ENHANCED DATA VALIDATION AND DATA CLEANING PROCEDURES

Because errors were uncovered, a new strategy had to be developed to comprehensively clean and validate all the data.

The enhanced process for validating the data occurred in the following stages:

- All the data (100%) was re-punched, twice.
- The two data files that emerged from the double punching exercise were compared for any differences. Any differences that did emerge were corrected by referring back to the original paper questionnaires.
- The new data file was compared with the first data file to re-assess the errors in the original data file.
- A program was developed to assess the internal consistency of the final SPSS data file and to perform a wide range of data checks including, but not limited to:
 - **Range checks** – These ensure that the data lie within a specified range of values (e.g. if a person has taken a drug within the last 30 days, the number of days on which this person has taken the drug must be between 1 and 30).
 - **Presence checks** – These ensure that important data are actually present and have not been missed out (e.g. questions on regular use were asked of recent users)
 - **Consistency checks** – These assess the internal consistency of the data file to ensure the data adheres to the routing structure of the questionnaire (e.g. if a respondent has taken a drug, but not in the last 12 months, they are routed away from the remaining questions on current use and the relevant cells in the data file are filled with the appropriate 'system missing' value).
 - **Logic checks** – In this study, this type of check involved determining whether answers to various related questions logically make sense in accordance with practical and mathematical reasoning (e.g. the age a person started regularly taking a drug must be greater than or equal to the age when they first took the drug).

SIGNING OFF THE DATA FILE

Upon receipt of the final data file from MORI MRC the automated program performed hundreds of individual checks on all variables containing prevalence data and further checks on other variables that contained data on drug use, but did not directly measure prevalence. Further checks based on gender and age were also performed. All checks were passed and although the file did have some missing data, this data had been clearly and appropriately accounted for. An example section of the check program (which examined all variables relating to cannabis use) can be found in Appendix N.

REVISED PUBLICATIONS

The identification of the above mentioned errors, although small, required us to recalculate the prevalence information and as a consequence required us to publish minor revisions to those figures previously published.

Appendices

A. Letter to Ms. Jo Daykin

28th March 2002

Jo Daykin
NI Drug and Alcohol Strategy Coordinator
Room C.4.13
Castle Buildings
Upper Newtownards Road
Belfast
BT4 3SJ

Dear Jo

Following a meeting with Mr Kieron Moore and Mr Damien Buchanan, we have reached an agreement to collaborate on an All Ireland Population Survey on Illegal Drug Use.

This survey will be carried out according to the Guidelines provided by the EMCDDA and will therefore include questions on tobacco, alcohol and prescribed drug use as well as illegal drug use. The sampling frame has yet to be decided but we aim to survey three population strands: 18 – 64 year olds, 12 to 17 year olds (this group may change) and the out of school youth population.

We have committed funds up to €350,000 in our budget to this project and have the commitment of the Health Promotion Unit in the Republic of up to €63,000 from their budget next year. We estimate the total cost of the project to be in the region of €738,000 which will cover interviews with up to 9,000 people (sample size must be decided jointly) at €65 per interview with the balance providing for detailed and extensive analysis, report writing and publication, administration of the project. We expect the fieldwork to take place in 2002 and the analysis to be completed in early 2003.

In order to embark on this project immediately and commission the survey as soon as possible we will need funds to the value of €325,000 to be transferred to us for this purpose. A cheque or bank draft will need to be made out to the Department of Tourism, Sport and Recreation for the amount stated.

We look forward to this exciting collaboration and the information it will yield. The survey will meet the European standards for cross country/region comparison and will be an excellent All Ireland baseline indicator that will guide future studies.

Yours sincerely

Mairéad Lyons
Director

cc: Kieron Moore, Drug and Alcohol Information and Research Unit

B. Press Release

DRUG USE SURVEY TO BE CARRIED OUT ON AN ALL ISLAND BASIS

-Eoin Ryan

Mr. Eoin Ryan Minister for Local Development with special responsibility for the National Drugs Strategy today (14th May 2002) warmly welcomed the decision by the National Advisory Committee on Drugs (NACD) and the Drug and Alcohol Information and Research Unit (DAIRU) in Northern Ireland to jointly undertake a population survey on drug-use on an all island basis.

Minister Ryan said “I established the *National Advisory Committee on Drugs* in 2000 to provide the Government with reliable and relevant information on the drug problem in Ireland. This research will, for the first time, provide robust statistical information on drug use on an all island basis, and for both jurisdictions. This will enable both the NACD and DAIRU to make comparisons across regions and health boards on the prevalence of drug use in the general population. The sample population to be surveyed will be the 15 – 64 age group. Information on lifetime use, last year use and last month use will be examined”.

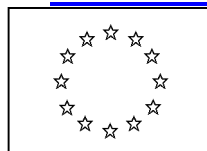
The population survey will be conducted using the EMCDDA recommended questionnaire and method of face-to-face interviews and participants will be interviewed on the use of all drug types including alcohol, tobacco, prescribed drugs and illegal drugs. The contract notice is going out to tender this month and the field work for the survey will be carried out in the latter months of this year the results of which will be available in mid 2003.

It is particularly important that the research clearly identifies the extent and nature of drug use amongst the general population, specifically identifying trends amongst different segments of the population. Analysis of the findings will show differences (where they exist) for each drug by age, gender and region for example.

The measurement of the extent and pattern of drug use in the general population in Ireland is one of the key priorities set out by the NACD. “It is imperative that reliable and comparable data is obtained and consequently, I am delighted that the NACD and the DAIRU are jointly commissioning this work which will provide very valuable information for the future” Minister Ryan concluded.

ENDS.

C. OJEC Notice Re Expression of Interest



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SECTION I: CONTRACTING AUTHORITY

I.1) OFFICIAL NAME AND ADDRESS OF THE CONTRACTING AUTHORITY

Organisation	For the attention of
National Advisory Committee on Drugs (NACD)	Pat O'Grady
Address	Postal code
3 rd Floor Shelbourne House, Shelbourne Road	4
Town	Country
Dublin	Ireland
Telephone	Fax
00 353 1 667 0760	00 353 1 667 0828
Electronic mail (e-mail)	Internet address (URL)
pat@nacd.ie	www.nacd.ie

I.2) ADDRESS FROM WHICH FURTHER INFORMATION CAN BE OBTAINED:

As in I.1 **X***If different, see Annex A*

I.3) ADDRESS FROM WHICH DOCUMENTATION MAY BE OBTAINED:

As in I.1 **X***If different, see Annex A*

I.4) ADDRESS TO WHICH TENDERS/REQUESTS TO PARTICIPATE MUST BE SENT:

As in I.1 **X***If different, see Annex A*

I.5) TYPE OF CONTRACTING AUTHORITY*

Central level

X

EU Institution

Other

Regional/local level

Body governed by public law

SECTION II: OBJECT OF THE CONTRACT**II.1) DESCRIPTION****II.1.1) Type of works contract** (*in case of works contract*)

Execution	Design and execution	Execution, by whatever means of a work, corresponding to the requirements specified by the contracting authority
-----------	----------------------	--

II.1.2) Type of supplies contract (*in case of supplies contract*)

Purchase	Rent	Lease	Hire-purchase	A combination of these
----------	------	-------	---------------	------------------------

II.1.3) Type of service contract (*in case of service contract*)

Service category	1A
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II.1.4) Is it a framework agreement ? *	NO	YES <input checked="" type="checkbox"/>
--	----	---

II.1.5) Title attributed to the contract by the contracting authority *

Population Survey

II.1.6) Description/object of the contract (*use continuation sheet if necessary*)**The Brief:**

As part of efforts set out in the EU Action Plan on Drugs to establish the prevalence of drug use in the general population, the NACD and DAIRU have decided to jointly undertake a population survey to be **completed by end May 2003** so that for the first time we will have robust statistical information on drug use on an all island basis, and for both jurisdictions. This will enable us to make comparisons across regions and to meet commitments to provide the European Monitoring Centre for Drugs EMCDDA) and Drug Addiction with the relevant information. The proposed survey will be carried out using a pre-prepared questionnaire and face to face interviews (preferred method under EMCDDA guidelines) among the 15 – 64 age group. Information on lifetime use, last year and last month use will be just of the issues explored.

We are developing our survey based on the guidelines produced by the EMCDDA which state as the main aims:

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

II.1.7) Site or location of works, place of delivery or performance

NUTS code * _____

II.1.8) Nomenclature

II.1.8.1) Common Procurement Vocabulary (CPV) *

	Main vocabulary				Supplementary vocabulary (<i>when applicable</i>)			
Main object	.	.	.	—	—	—	—	—
Additional objects	.	.	.	—	—	—	—	—
	.	.	.	—	—	—	—	—
	.	.	.	—	—	—	—	—
	.	.	.	—	—	—	—	—

II.1.8.2) Other relevant nomenclature (CPA / NACE / CPC) _____**II.1.9) Division into lots** (*for details about lots use Annex B as many times as needed*)

NO YES

Tenders may be submitted for: one lot several lots all lots

II.1.10) Will variants be accepted (*where applicable*)

NO YES

II.2) QUANTITY OR SCOPE OF THE CONTRACT**II.2.1) Total quantity or scope** (*including all lots and options, if applicable*)

II.2.2) Options (*if applicable*). **Description and time when they may be exercised** (*if possible*)

II.3) DURATION OF THE CONTRACT OR TIME LIMIT FOR COMPLETIONEither: Period in month/s and/or days (*from the award of the contract*)Or: Starting **/09/2002** and/or ending **30/05/2003** (*dd/mm/yyyy*)**SECTION III: LEGAL, ECONOMIC, FINANCIAL AND TECHNICAL INFORMATION****III.1) CONDITIONS RELATING TO THE CONTRACT****III.1.1) Deposits and guarantees required** (*if applicable*)

III.1.2) Main terms of financing and payment and/or reference to the relevant provisions (*if applicable*)

III.1.3) Legal form to be taken by the grouping of suppliers, contractors or service providers to whom the contract is awarded (if applicable)

III.2) CONDITIONS FOR PARTICIPATION

Prospective tenderers must submit an expression of interest detailing the following:

- Qualifications to carry out and analyse such a survey and the proposed methodology to be employed;
- Technical ability and financial standing to carry out and analyse the survey in Ireland and Northern Ireland;
- Track record of project management team and any consultants to be used;
- The capacity, including fieldwork, to carry out the survey within the proposed timescale in both jurisdictions;

As this is an all island survey, the successful tenderer must demonstrate the capacity to conduct interviews in Ireland and Northern Ireland with an appropriate skilled workforce. However, the NACD/DAIRU would welcome consultants forming partnerships with other consultants to bring particular expertise to the project and/or to ensure adequate coverage of both Ireland and Northern Ireland. However, partnerships will be required to nominate a project manager who will oversee and be responsible for all aspects of the project.

Once the data have been collected a comprehensive analysis must be carried out. The substantive report will include an analysis by drug, by age, by gender and by region. It would be expected that comparisons be made between groups together with a commentary on the results. The main findings should be summarised. A separate complete financial report for the project will also be required. Copyright will rest with the NACD and DAIRU.

An invitation to tender for the survey will be issued to between 5 and 10 companies based on the information received to this notice. Contract documents will issue with a more detailed tender notice at the next stage. Selection criteria for evaluating tenders will be set out in the full tender notice.

III.2.1.1) Legal position – means of proof required

Statement of legal position _____

III.2.1.2) Economic and financial capacity – means of proof required

Annual report or financial statement or recent accounts to be available for inspection if requested. Tax clearance certificate from the Revenue Commissioners or appropriate tax clearance for EU applicants _____

III.2.1.3) Technical capacity – means of proof required

Description of experience, expertise, and publications _____

III.3) CONDITIONS SPECIFIC TO SERVICES CONTRACTS**III.3.1) Is provision of the service reserved to a specific profession?**

NO YES

If yes, reference of the relevant law, regulation or administrative provision

III.3.2) Will legal entities be required to state the names and professional qualifications of the personnel responsible for execution of the contract?

NO YES **X**

SECTION IV: PROCEDURE

IV.1) TYPE OF PROCEDURE

Open Accelerated restricted
 Restricted **X** Accelerated negotiated
 Negotiated

IV.1.1) Have candidates already been selected? *(for negotiated procedure only and if applicable)*

NO **X** YES *If yes, provide details under Other information (section VI)*

IV.1.2) Justification for the choice of accelerated procedure *(if applicable)*

IV.1.3) Previous publication concerning the same contract *(if applicable)*

IV.1.3.1) Prior information notice concerning the same contract *(if applicable)*

Notice number in OJ content list /S - of / / (dd/mm/yyyy)

IV.1.3.2) Other previous publications

Notice number in OJ content list /S - of / / (dd/mm/yyyy)

IV.1.4) Envisaged number of suppliers which will be invited to tender *(when applicable)*

Number or: Minimum **05** / Maximum **10**

IV.2) AWARD CRITERIA

A) Lowest price

or

B) The most economically advantageous tender in terms of: **X**

B1) criteria as stated below *(in descending order of priority where possible)*

1 _____	4 _____	7 _____
2 _____	5 _____	8 _____
3 _____	6 _____	9 _____

In descending order of priority : NO YES
or:

B2) criteria as stated in contract documents **X**

IV.3) ADMINISTRATIVE INFORMATION

IV.3.1) Reference number attributed to the file by the contracting authority * RFT/popSurvey _____

IV.3.2) Conditions for obtaining contract document and additional documents

Obtainable until / / (dd/mm/yyyy)

Price (where applicable) _____ Currency _____

Terms and method of payment _____

IV.3.3) Time-limit for receipt of tenders or requests to participate (depending whether it is an open, restricted or negotiated procedure)

/ / (dd/mm/yyyy) or **37** days from dispatch of notice

Time (when applicable): _____

IV.3.4) Dispatch of invitations to tender to selected candidates (In restricted and negotiated procedure)

Estimated date : **28/06/2002** (dd/mm/yyyy)

IV.3.5) Language or languages in which tenders or requests to participate can be drawn up

ES DA DE EL EN FR IT NL PT FI SV Other (s) – third country

X

IV.3.6) Minimum time frame during which the tenderer must maintain its tender (in case of an open procedure)

Until / / (dd/mm/yyyy) or months and/or days from
the deadline stated for receipt of tenders

IV.3.7) Conditions for opening tenders

IV 3.7.1) Persons authorised to be present at the opening of tenders (where applicable)

IV.3.7.2) Date, time and place

Date / / (dd/mm/yyyy) Time: _____

Place _____

SECTION VI: OTHER INFORMATION**VI.1) IS THIS NOTICE A NON-MANDATORY ONE?**NO **X** YES**VI.2) IF APPLICABLE, INDICATE WHETHER THIS PROCUREMENT IS A RECURRENT ONE AND THE ESTIMATED TIMING FOR FURTHER NOTICES TO BE PUBLISHED**

VI.3) DOES THE CONTRACT RELATE TO A PROJECT / PROGRAMME FINANCED BY EU-FUNDS?*NO **X** YES*If yes, indicate the project/programme and any useful reference* _____

VI.4) ADDITIONAL INFORMATION *(if applicable)***Background:**

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Irish Government in relation to the prevalence, prevention, treatment/rehabilitation and consequences of problem drug use in Ireland, based on analysis of research findings and information. The Committee is overseeing the delivery of a three-year 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 Tourism, Sport and Recreation and report to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the Committee's 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 Drugs 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

VI.5) DATE OF DISPATCH OF THIS NOTICE: 15/05/2002 *(dd/mm/yyyy)*

ANNEX A**1.2) ADDRESS FROM WHICH FURTHER INFORMATION CAN BE OBTAINED**

Organisation	For the attention of
Address	Postal code
Town	Country
Telephone	Fax
Electronic mail (e-mail)	Internet address (URL)

1.3) ADDRESS FROM WHICH DOCUMENTATION MAY BE OBTAINED

Organisation	For the attention of
Address	Postal code
Town	Country
Telephone	Fax
Electronic mail (e-mail)	Internet address (URL)

1.4) ADDRESS TO WHICH TENDERS/REQUESTS TO PARTICIPATE MUST BE SENT

Organisation	For the attention of
Address	Postal code
Town	Country
Telephone	Fax
Electronic mail (e-mail)	Internet address (URL)

ANNEX B – INFORMATION ABOUT LOTS

LOT n°

1) Nomenclature**1.1) Common Procurement Vocabulary (CPV) ***

	Main vocabulary				Supplementary vocabulary (<i>when applicable</i>)			
Main object	.	.	.	–	–	–	–	–
Additional objects	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–

1.2) Other relevant nomenclature (CPA/NACE/CPC) _____**2) Short description** _____**3) Scope or quantity** _____**4) Indication about different starting/delivery date (*if applicable*)**

Starting / / (*dd/mm/yyyy*) / delivery / / (*dd/mm/yyyy*)

LOT n°

1) Nomenclature**1.1) Common Procurement Vocabulary (CPV) ***

	Main vocabulary				Supplementary vocabulary (<i>when applicable</i>)			
Main object	.	.	.	–	–	–	–	–
Additional objects	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–
	.	.	.	–	–	–	–	–

1.2) Other relevant nomenclature (CPA/NACE/CPC) _____**2) Short description** _____

3) Scope or quantity _____

4) Indication about different starting/delivery date *(if applicable)*

Starting / / (dd/mm/yyyy) / delivery / / (dd/mm/yyyy)

..... *(Use present annex as many times as necessary)*

D.Tender Brief for Population Survey

TENDER BRIEF FOR POPULATION SURVEY

Background

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Irish 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 is overseeing the delivery of a three-year 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 reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the National Advisory Committee on Drug's 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.

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 deciding its 3-year work programme. As the extent and pattern of drug use in the general population is one of the key five indicators produced by the EMCDDA¹⁸ (www.emcdda.org) and adopted by EU Member States, it is imperative that reliable and comparable data is obtained in this regard.

In Ireland, the Government has agreed the NACD's three-year work programme. As part of this programme, the NACD has commissioned several research projects to assist in establishing an estimate of problem drug use in Ireland. At present, a Capture/Recapture Study and a Network Analysis Study on Opiate Use are being carried out.

In Northern Ireland, the primary focus of DAIRU is the development of a joint programme of drug and alcohol information and research work in support of the Drug Strategy for Northern Ireland and the Strategy for Reducing Alcohol Related Harm. Both strategies highlight the need for detailed information on drug use and drinking patterns and behaviours in order to effectively target policy and practice. DAIRU is also involved in the evaluation of projects and initiatives funded through the Drug Strategy, management and development of the Northern Ireland Drug Misuse Database and dissemination of available information.

The brief

As part of efforts set out in the EU Action Plan on Drugs 2000 - 2004 to establish the prevalence of drug use in the general population, the NACD and DAIRU have decided to jointly undertake a population survey to be **completed**

by the end of May 2003 so that for the first time we will have robust statistical information on drug use on an all island basis, and for both jurisdictions. This will enable us to make comparisons across regions and to meet commitments to provide the EMCDDA with the relevant information. The proposed survey will be carried out using a pre-prepared questionnaire and face to face interviews (preferred method under EMCDDA guidelines) among the 15 – 64 age group. Information on lifetime use, last year and last month use will be just some of the issues explored.

We are developing our survey 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.

Potential bidders should refer to the EMCDDA guidelines on conducting population surveys in relation to drug use, a copy of which is enclosed for your information.

(i) Data Collection

Survey mode

The EMCDDA have produced a questionnaire instrument for this purpose, which we have amended and made more relevant to the all island context (preliminary draft enclosed). It is expected that the successful bidder will, in conjunction with the RAG, explore the inclusion of further questions on, for example, cessation of drug use and how drugs are usually obtained. The inclusion of such additional questions cannot jeopardise the integrity of prevalence estimates being derived from this survey. Tenderers are invited to explore these issues in their submission. 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.

Sampling frame

The sample population to be surveyed will be the 15 - 64 age group. 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. Tenderers are invited to suggest to us the sampling design appropriate to this survey and what mechanisms you would use to interview difficult to reach age groups.

RAG

The RAG comprising representatives from the NACD, DAIRU, the Drug Misuse Research Division of the Health Research Board, and other interested parties will be appointed to oversee the project and the tenderers should show how and when progress in the research is to be reported to this Group. Close collaboration with the RAG is expected during the lifetime of this research project to enable any design or other research difficulties be identified early and resolved quickly. The RAG will expect to have some involvement when fieldworkers are briefed on their tasks and targets and during the pilot-testing phase. The fieldwork company will control the data entry and the company

¹⁸ EMCDDA the European Monitoring Centre for Drugs and Drug Addiction

should be able to demonstrate compliance with industry standards and quality assurance protocols consistent with maintaining a code of ethics in carrying out this work.

Exact proceedings will be specified in a technical report as outlined in the EMCDDA Guidelines to be delivered on completion of the fieldwork and before analysis can begin. Records must be maintained on the same database structure as the EMCDDA for easy transfer of information. All data collected and information from analysis whether in hard copy and/or electronic form will be the property of the NACD and DAIRU and must be returned to the NACD on completion.

Analysis of data collected

Once the data has been collected a comprehensive analysis must be carried out. The substantive report will include an analysis by drug, by age, by gender and by region (all island, Northern Ireland, Ireland and health boards in both jurisdictions). We expect comparisons to be made between groups together with a commentary on the results. The main findings should be summarised. A separate complete financial report for the project will also be required. Copyright will rest with the NACD and DAIRU.

Reports

Reports should come to the RAG in stages; an interim report outlining the agreed sampling design and pilot test, and a second interim report outlining the completed fieldwork with the technical details and financial expenditure. A third and final report should detail the analysis.

Timescale

A final report is expected no later than May 2003. The budget available is in the region of €650,000

Requirements

Tenderers must submit a written proposal detailing the following: the research methodology to be employed; data collection methods (e.g. CAPI; self completion questionnaire; interviewer completed questionnaire etc) and justification of outputs; project management from conception to completion with clear milestones; personnel involved, their credentials, use of consultants and track record of these consultants.

Tenderers should provide a full and detailed breakdown of fees and costs resulting from the study (excluding VAT). There should be a breakdown (in terms of numbers of days) of the time which individual consultants in the team are expected to spend on the project along with a breakdown of the expected fees to be paid for each individual consultant's time. Costings for survey work should also be detailed. Estimates of expenses which will be expected to arise during the course of the project (eg travel), should also be included.

As this is an all island survey, the successful bidder must demonstrate the capacity to conduct interviews in both jurisdictions with an appropriately skilled workforce. However, the RAG would welcome consultants forming partnerships with other consultants to bring particular expertise to the project and/or to ensure adequate coverage on an all island basis. However, partnerships will be required to nominate a project manager who will oversee and be responsible for all aspects of the project.

Evaluation of the submissions will be based on the following criteria:

Research methodology:

Understanding of the issues involved;
Understanding of the work involved;
Feasibility of the approach(es) suggested;
Methods to ensure confidentiality;

Project management

Ability to deliver key outputs on time;
Clarity in description of milestones;
Credibility of personnel and consultants involved;
Track record;

Value for Money

Please send **7 copies** of tenders no later than **12noon Friday 9th August 2002**.

Tenderers may be shortlisted to make a presentation to the RAG. Tenderers should also be available by telephone on Friday 16th August 2002 should any clarification relating to the submission be sought by the assessing group.

Tenders should be returned to:

The Secretariat
NACD
3rd Floor
Shelbourne House
Shelbourne Road
Ballsbridge
Dublin 4
Tel No: +353 1 667 0760/765; Fax No: +353 1 667 0828;
Email: info@nacd.ie Web: www.nacd.ie

All tenders should be marked **REF/Ten/Popsurvey**.

E. About MORI MRC

MORI MRC is a professional all-Ireland research agency, and a fully integrated part of MORI (Market & Opinion Research International) – the largest independent research agency in the UK.

MORI MRC has considerable experience of undertaking rigorous, high quality, qualitative and quantitative research studies. MORI conducts more social and public sector research than any other agency in the UK, and MORI MRC works with numerous government departments, health boards, and other public sector organisations in Ireland.

For further details, please see www.morimrc.ie or www.mori.com.

FIELDWORK

OUR COMMITMENT TO QUALITY

MORI MRC 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 MORI MRC's fieldwork has been carried out to (Interviewer Quality Control Scheme (IQCS) standards since its inception. MORI MRC has been accredited to ISO 9001 since 1995, making MORI MRC the only market research agency working across Ireland to work to these standards.

In 1996, MORI became one of only two full service agencies to achieve accreditation under MRQSA (Market Research Quality Standards Association), and MORI MRC operates to the same high standards. This sets out standards for each stage of a market research study 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 study are being undertaken to externally imposed and audited standards.

We regard these various standards as minimum requirements and not as goals in their own right.

ISO 9001

MORI MRC has been fully accredited to ISO 9001 since 1995, and has an established set of procedural checks which apply to all our research studies and are constantly under review as new opportunities for quality improvement arise. Mandatory checks are made of questionnaires, reports and other materials to ensure the high quality of all documents, crucial aspects of study specifications are agreed in writing to alleviate confusion and study management forms enable increased control. Regular external audits of the system by Hallmark Quality Assurance are conducted and improvements, where suitable, are made. We are in the process of working towards achieving the new standard ISO 9004.

The MORI MRC Fieldforce and IQCS

All interviewing was carried out by members of the MORI MRC 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, MORI MRC recognised that any research company is only as good as its people in the field and we decided therefore to work to IQCS standards from the beginning and seek membership immediately. We went to enormous lengths to select the right people to become interviewers, to give them the right training and we continually monitor and assess the quality of their work.

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

Fieldforce Training and Appraisals

All applicants to the MORI MRC 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, which cover 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

is an Interviewer Identity Card issued and a trainee allowed to work on a 'live' job.

All MORI MRC Interviewers and Recruiters carry Identity Cards issued by the Market Research Society (MRS). MRS Identity Cards, which bear the photograph and signature of the interviewer, 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, which stresses the confidentiality of the process, and provides the telephone number of MORI MRC'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 and thereafter at least once in a six-month period. Regular assessment and further training on an ongoing basis means a MORI MRC 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. Fieldwork is carried out by a panel of around 300 fully trained interviewers across Ireland. These interviewers are controlled by ten strategically placed regional supervisors who, in turn, answer directly to the Field Director. We firmly believe that this service is unrivalled anywhere in terms of quality and commitment.

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 the survey is entirely dependent on the quality of the data collected by the interviewers. MORI MRC takes pride in our quality control procedures and we believe that they are second to none.

MORI MRC maintains ten regional supervisors who have been personally trained by our Field Director in all aspects of quality control. MORI MRC 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. Again 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 and therefore valuable which, in turn, creates a more professional approach to the job of interviewing.

MORI MRC 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 MORI MRC using a combination of telephone recall, personal 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, such as this survey, backchecking is a continuous process throughout the fieldwork period, although each individual backcheck is carried out within two weeks of the interview. Because of this MORI MRC identifies and corrects particular problems. All interviewers on MORI MRC's Panel have their work backchecked and are advised of the results.

For the Population Survey, we needed to reassure the respondent that responses would remain confidential, therefore, respondent contact details, which are necessary for this backchecking process, were recorded on a separate document to the completed questionnaire. Additionally, our backchecking questions confirmed completion of the survey and whether questions about certain topics were asked.

The final checking process involved supervisors editing all (100%) completed questionnaires. The supervisors quickly identified any problems which arose and ensured that they were corrected promptly.

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 can be adequately evaluated. It also ensured that any difficulties were identified in good time and swiftly resolved.

MRS Code of Conduct

MORI MRC directors and executive/field staff are members of the Market Research Society, and all MORI MRC directors, executives and interviewers are 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 will remain anonymous.

Customer Service Monitor

In addition to the regular quality surveillance visits carried out by external bodies in connection with IQCS, and ISO 9001, MORI MRC 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.

The MORI MRC Promise

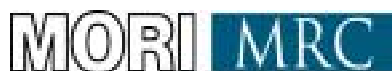
At this juncture in the interview we informed the respondent of the 'The MORI MRC Promise' and showed them a card. The MORI MRC Promise is a reassurance we include on many MORI MRC studies, which stresses our independence and objectivity. The promise also reassures respondents that MORI MRC is bound by the Market Research Society's Code of Conduct whereby we are bound not to identify respondent's personal details to anyone outside this research study.

Our promise also states that all details collected are purely for the purpose of market research and that information will be represented in statistical format. The MORI MRC Promise, we find, lets respondents feel confident about their anonymity with studies of a sensitive nature and helps to enhance response rates. The images overleaf indicate how 'The MORI MRC Promise' was shown to potential respondents on a double-sided card.



F. Contact Sheet

An example of the contact sheets used for Ireland is displayed on the pages, which follow. The contact sheet used for Northern Ireland was identical except for the substitution of the Department of Community, Rural and Gaeltacht Affairs with the Department of Health, Social Services and Public Safety.



CONTACT SHEET –225347 (Ireland)

	Interviewer	
	Interviewer Number	

Q.C1

CONTACT RECORD	WEEKDAY (1-7)	TIME (1-3)	DATE (1-31)	MONTH (1-12)	COMMENTS - record outcome of each call
TOTAL NUMBER OF CALLS (WRITE IN BOX) <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>					
You must record at least 5 attempts in total to make appointment/complete interview before abandoning address.					
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 MORI MRC, 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 15 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	AGE NOW*
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- IF 15 OBTAIN PARENTAL PERMISSION**

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

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

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

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	<u>DO NOT RECONTACT</u> <i>respondent likely to take offence or be potentially dangerous if further efforts made to persuade them to take part</i>		15
ESTIMATED CONTACT DETAILS	Estimated Age WRITE IN		<input type="text"/>
	Sex of person refusing:	Male	01
		Female	02
Ethnic Origin:	White	01	
	Other	02	

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

Check all relevant sections have been code.

G.Questionnaire - Ireland

The questionnaire for Ireland is displayed on the pages, which follow:

Unique Address Code					Sample Point Number					
------------------------	--	--	--	--	------------------------	--	--	--	--	--

REPUBLIC OF IRELAND

POPULATION STUDY



POPULATION STUDY

INTRODUCTION

Good morning/afternoon/evening. my name is from MORI MRC, 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 15 minutes.

IF ASKED : This study is being conducted on behalf of the Department of Community, Rural & Gaeltacht Affairs 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

Q2	Have you ever smoked tobacco products in the past?	Yes	1	CONTINUE
		No	2	GO TO Q8
		Don't know	3	

Q3	At what age did you smoke tobacco products for the first time?			← INSERT AGE
		Don't know	-1	

Q4	During the last 12 months have you smoked tobacco products?	Yes	1	CONTINUE
		No	2	GO TO Q8

Q5	During the last 30 days have you smoked tobacco?	Yes	1	CONTINUE
		No	2	GO TO Q8

Q6	During the last 30 days on how many days have you smoked?			← INSERT FIGURE
		Don't know	-1	

Q7	What type of tobacco product do you most commonly use? READ OUT – MULTI CODE	Branded cigarettes	1
		Hand rolled cigarettes	2
		Cigars	3
		Pipe	4
		Don't know	5

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

Q8 Do you drink alcohol?

Yes	1	GO TO Q.10
No	2	CONTINUE

Q9 Have you ever drunk alcohol?

Yes	1	CONTINUE
No	2	GO TO Q15

Q10 At what age did you first drink alcohol?

Don't know	-1

**← INSERT
AGE**

Q11 During the last 12 months, have you drunk any alcohol?

Yes	1	CONTINUE
No	2	GO TO Q15

Q12 During the last 30 days have you drunk any alcohol?

Yes	1	CONTINUE
No	2	GO TO Q15

Q13 During the last 30 days, on how many days have you drunk alcohol?

Don't know	-1

**← INSERT
FIGURE**Q14 How often do you drink six or more alcoholic drinks 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

Now I'm going to ask a few questions about drugs that are sometimes used as medicines.**SHOW CARD 15**

Q15 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 Q24

Q16 Do you personally know people who take sedatives, tranquillisers or anti-depressants?

Yes	1
No	2

Q17 Have you ever taken sedatives tranquillisers, or anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q24

Q18 At what age did you first take sedatives, tranquillisers or anti-depressants?

Don't know	-1

**← INSERT
AGE**

Q19 During the last 12 months have you taken sedatives, tranquillisers or anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q24

Q20 During the last 30 days have you taken sedatives, tranquillisers or anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q24

Q21 During the last 30 days, on how many days have you taken sedatives, tranquillisers or anti-depressants?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 22

Q22 What method do you commonly use to take sedatives, tranquillisers or anti-depressants?
Just call me out the numbers from the card – MULTI CODE

Tablets	1
Injection with a needle	2
Other (specify)	3
Don't know	4

SHOW CARD 23

Q23 The last occasion you took sedatives, tranquillisers or anti-depressants how had you obtained them?

I got them on a prescription	1
I got them from someone else I know	2
I bought them without a prescription in a chemist	3
None of the above	4

**JUST CALL ME OUT
THE NUMBER FROM
THE CARD**

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

SHOW CARD 24

Q24 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 Q33

Q25 Do you personally know people who take cannabis?

Yes	1
No	2

Q26 Have you ever taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q27 At what age did you first take cannabis?

Don't know	-1

← INSERT
AGE

Q28 During the last 12 months have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q29 During the last 30 days have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q30 During the last 30 days, on how many days have you taken cannabis?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 31

Q31 What type of cannabis do you most commonly use?

Just call me out the numbers from the card – MULTI CODE

Grass	1	Resin	7
Weed	2	Other (specify) _____	8
Skunk	3		
Hash Oil	4		
Herb	5	Don't know	9
Hash	6		

SHOW CARD 32

Q32 What method do you most commonly use to take cannabis?

Just call me out the numbers from the card – MULTI CODE

Joint	1
Pipe	2
Bong	3
Eat	4
Other (specify) _____	5
Don't know	6

SHOW CARD 33

Q33 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 Q40

Q34 Do you personally know people who take ecstasy?

Yes	1
No	2

Q35 Have you ever taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q36 At what age did you first take ecstasy?

Don't know	-1

**← INSERT
AGE**

Q37 During the last 12 months have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q38 During the last 30 days have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q39 During the last 30 days, on how many days have you taken ecstasy?

Don't know	-1

**← INSERT
FIGURE****SHOW CARD 40**

Q40 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 Q47

Q41 Do you personally know people who take amphetamines?

Yes	1
No	2

Q42 Have you ever taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q47

Q43	At what age did you first take amphetamines?			← INSERT AGE
		Don't know	-1	
Q44	During the last 12 months have you taken amphetamines?	Yes	1	CONTINUE
		No	2	GO TO Q47
Q45	During the last 30 days have you taken amphetamines?	Yes	1	CONTINUE
		No	2	GO TO Q47
Q46	During the last 30 days, on how many days have you taken amphetamines?			← INSERT FIGURE
		Don't know	-1	
SHOW CARD 47				
Q47	Have you ever heard of any of these?	Yes	1	CONTINUE
	SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE	No	2	GO TO Q54
Q48	Do you personally know people who take crack?	Yes	1	
		No	2	
Q49	Have you ever taken crack?	Yes	1	CONTINUE
		No	2	GO TO Q54
Q50	At what age did you first take crack?			← INSERT AGE
		Don't know	-1	
Q51	During the last 12 months have you taken crack?	Yes	1	CONTINUE
		No	2	GO TO Q54
Q52	During the last 30 days have you taken crack?	Yes	1	CONTINUE
		No	2	GO TO Q54
Q53	During the last 30 days, on how many days have you taken crack?			← INSERT FIGURE
		Don't know	-1	
SHOW CARD 54				
Q54	Have you ever heard of any of these?	Yes	1	CONTINUE
	SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE	No	2	GO TO Q62
Q55	Do you personally know people who take cocaine?	Yes	1	
		No	2	
Q56	Have you ever taken cocaine?	Yes	1	CONTINUE
		No	2	GO TO Q62
Q57	At what age did you first take cocaine?			← INSERT AGE
		Don't know	-1	

Q58	During the last 12 months have you taken cocaine?	Yes	1	CONTINUE
		No	2	GO TO Q62

Q59	During the last 30 days have you taken cocaine?	Yes	1	CONTINUE
		No	2	GO TO Q62

Q60	During the last 30 days, on how many days have you taken cocaine?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 61

Q61	What method do you commonly use to take cocaine? Just call me out the number from the card – MULTI CODE	Doing a line/Snort	1
		Injection with a needle	2
		Other (specify) _____	3
		Don't know	4

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

Q63	Do you personally know people who take heroin?	Yes	1
		No	2

Q64	Have you ever taken heroin?	Yes	1	CONTINUE
		No	2	GO TO Q70

Q65	At what age did you first take heroin?			← INSERT AGE
		Don't know	-1	

Q66	During the last 12 months have you taken heroin?	Yes	1	CONTINUE
		No	2	GO TO Q70

Q67	During the last 30 days have you taken heroin?	Yes	1	CONTINUE
		No	2	GO TO Q70

Q68	During the last 30 days, on how many days have you taken heroin?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 69

Q69	What method do you commonly use to take heroin? Just call me out the number from the card – MULTI CODE	Smoke	1
		Injection with a needle	2
		'Chasing the dragon'	3
		Other (specify) _____	4
		Don't know	5

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 Q77

Q71	Do you personally know people who take LSD?	Yes	1
		No	2

Q72	Have you ever taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q73	At what age did you first take LSD?				← INSERT AGE
		Don't know	-1		

Q74	During the last 12 months have you taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q75	During the last 30 days have you taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q76	During the last 30 days, on how many days have you taken LSD?				← INSERT FIGURE
		Don't know	-1		

SHOW CARD 77

Q77	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 Q84

Q78	Do you personally know people who take solvents?	Yes	1	
		No	2	

Q79	Have you ever taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q80	At what age did you first take solvents?				← INSERT AGE
		Don't know	-1		

Q81	During the last 12 months have you taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q82	During the last 30 days have you taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q83	During the last 30 days, on how many days have you taken solvents?				← INSERT FIGURE
		Don't know	-1		

SHOW CARD 84

Q84	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 Q91

Q85	Do you personally know people who take poppers?	Yes	1	
		No	2	

Q86	Have you ever taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q87	At what age did you first take poppers?				← INSERT AGE
		Don't know	-1		

Q88	During the last 12 months have you taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q89	During the last 30 days have you taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q90	During the last 30 days, on how many days have you taken poppers?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 91

Q91	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 Q98

Q92	Do you personally know people who take magic mushrooms?	Yes	1	
		No	2	

Q93	Have you ever taken take magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q94	At what age did you first take magic mushrooms?			← INSERT AGE
		Don't know	-1	

Q95	During the last 12 months have you taken magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q96	During the last 30 days have you taken magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q97	During the last 30 days, on how many days have you taken take magic mushrooms?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 98

Q98	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 Q112

Q99	Do you personally know people who take methadone?	Yes	1	
		No	2	

Q100	Have you ever taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q112

Q101	At what age did you first take methadone?			← INSERT AGE
		Don't know	-1	

Q102	During the last 12 months have you taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q112

Q103	During the last 30 days have you taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q112

Q104a During the last 30 days, on how many days have you taken methadone?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 104b

Q104b The last occasion you took methadone how had you obtained it?

I got it on a prescription	1
I got it from someone else I know	2
I bought it without a prescription in a chemist	3
None of the above	4

JUST CALL ME OUT
THE NUMBER FROM
THE CARD

NOTE TO INTERVIEWER: Q105-Q111 NOT APPLICABLE TO ROI QUESTIONNAIRE

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	GO TO Q126

Q113 Do you personally know people who take other opiates?

Yes	1
No	2

Q114 Have you ever taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q126

Q115 At what age did you first take other opiates?

Don't know	-1

← INSERT
AGE

Q116 During the last 12 months have you taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q126

Q117 During the last 30 days have you taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q126

Q118a During the last 30 days, on how many days have you taken other opiates?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 118b

Q118b The last occasion you took other opiates how had you obtained them? **JUST CALL ME OUT THE NUMBER FROM THE CARD**

I got them on a prescription	1
I got them from someone else I know	2
I bought them without a prescription in a chemist	3
None of the above	4

NOTE TO INTERVIEWER: Q119-Q125 NOT APPLICABLE TO ROI QUESTIONNAIRE

Now, I'd like to get your opinions.

SHOW CARD 126

Q126 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	5

SHOW CARD 127

Q127 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
"People should be permitted to take cannabis for medical reasons"	1	2	3	4	5	6
"People should be permitted to take cannabis for recreational reasons"	1	2	3	4	5	6
"People should be permitted to take heroin"	1	2	3	4	5	6

SHOW CARD 128

Q128 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
Trying ecstasy once or twice	1	2	3	4
Trying heroin once or twice	1	2	3	4
Smoking 10 cigarettes a day	1	2	3	4
Having one or two drinks several times a week	1	2	3	4
Smoking cannabis occasionally	1	2	3	4

SHOW CARD 129

Q129 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
Smoke one or more packs of cigarettes a day	1	2	3	4	5
Have five or more drinks at the weekend	1	2	3	4	5
Smoke cannabis regularly	1	2	3	4	5
Try ecstasy once or twice	1	2	3	4	5
Try cocaine or crack once or twice	1	2	3	4	5

Q130 Here in Ireland have you ever been offered illegal drugs?

Yes	1
No	2

ASK ALL WHO DRINK ALCOHOL AT Q8 OR HAVE EVER DRUNK ALCOHOL AT Q9

Q131 Earlier in the study you stated that you have drunk alcohol, have you ever drunk alcohol regularly?

Yes	1	CONTINUE
No	2	GO TO Q133

Q132 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?

Don't know	-1

← INSERT AGE

ASK ALL WHO EVER TAKE CANNABIS AT Q26

Q133 Earlier in the study you stated that you have taken cannabis, have you ever taken cannabis regularly?

Yes	1	CONTINUE
No	2	GO TO Q137

Q134 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?

Don't know	-1

← INSERT AGE

SHOW CARD 135

Q135 Have you ever tried to stop taking cannabis?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q137
No	3	

SHOW CARD 136

Q136 What was the reason (s) for stopping taking cannabis?

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE ECSTASY AT Q35

Q137 Earlier in the study you stated that you have taken ecstasy, have you ever taken ecstasy regularly?

Yes	1	CONTINUE
No	2	GO TO Q141

Q138 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?

Don't know	2

← INSERT AGE

SHOW CARD 139

Q139 Have you ever tried to stop taking ecstasy?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q141
No	3	

SHOW CARD 140

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE COCAINE AT Q56

Q141 Earlier in the study you stated that you have taken cocaine, have you ever taken cocaine regularly?

Yes	1	CONTINUE
No	2	GO TO Q145

Q142 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?

Don't know	-1

← INSERT AGE

SHOW CARD 143

Q143 Have you ever tried to stop taking cocaine?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q145
No		

SHOW CARD 144

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE HEROIN AT Q64

Q145 Earlier in the study you stated that you have taken heroin, have you ever taken heroin regularly?

Yes	1	CONTINUE
No	2	GO TO Q149

Q146 Earlier in the study you stated the age when you first took heroin, can you tell us at what age did you first take heroin regularly?

Don't know	-1

← **INSERT AGE**

SHOW CARD 147

Q147 Have you ever tried to stop taking heroin?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q149
No		

SHOW CARD 148

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO HAVE EITHER USED CANNABIS (Yes at Q28), ECSTASY (Yes at Q37), COCAINE (Yes at Q58) OR HEROIN (Yes at Q66) IN LAST 12 MONTHS

SHOW CARD 149

Q149 How did you get the drugs on the last occasion you used them?

Just call me out the number from the card

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

ASK ALL WHO HAVE EITHER USED CANNABIS (Yes at Q28), ECSTASY (Yes at Q37), COCAINE (Yes at Q58) OR HEROIN (Yes at Q66) IN LAST 12 MONTHS

SHOW CARD 150

Q150 In which of the following places did you obtain drugs on the last occasion you used them?

Just call me out the number from the card

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
Other (specify)	8
Don't know	9

ASK ALL WHO HAVE USED CANNABIS (Yes at Q28) IN LAST 12 MONTHS

SHOW CARD 151

Q151a 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	6

ASK ALL WHO HAVE USED ECSTASY (Yes at Q37), IN LAST 12 MONTHS

SHOW CARD 151

Q151b 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	6

ASK ALL WHO HAVE USED COCAINE (Yes at Q58) IN LAST 12 MONTHS

SHOW CARD 151

Q151c 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	6

ASK ALL WHO HAVE USED HEROIN (Yes at Q66) IN LAST 12 MONTHS

SHOW CARD 151

Q151d How easy or difficult is it to obtain heroin 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	6

ASK ALL

Q152 Have you taken any other illegal or illicit drug(s) not already mentioned in this study?

Yes	1	CONTINUE
No	2	GO TO Q154

Q153 What is the name the drug(s) that you took?

ASK ALL

Q154 In the last month, have you taken a pill or smoked something and did not know what it was?

Yes	1
No	2

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 MORI MRC to check that the interviewer has carried out your interview according to instructions"

REPEAT CONFIDENTIALITY REASSURANCE IF CONCERNED ABOUT CONFIDENTIALITY

O.U.O Job No: 225347

CLASSIFICATION**MORI MRC**

24 Windsor Place, Lower Pembroke St, Dublin 2
92-96 Lisburn Road, Belfast BT9 6AG

C.1 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

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

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

C.3 Please circle one of the following:

Male	1
Female	2

C.4 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 (<i>Specify</i>) _____	7
Don't know	8

SHOW CARD C5**C.5 Which of these best describes you?**

Self-employed	1
Working full-time 30 hrs +/-week	2
Working part time	3
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 Gov. training/education scheme	10
On Government employment scheme (CE, job options etc)	11
Retired	12
Student	13
Other (<i>Specify</i>) _____	14

C.6 Which member of your household would you say is the CHIEF INCOME EARNER, 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 Q8
Other (WRITE IN)	B	Go to Q.7

C.7 Is related to you?

Yes	A	Go to Q.8
No	B	Go to Q.8 (Respondent is C.I.E)

ASK ALL**C.8 Employment Status of C.I.E:**

Does the C.I.E. have a paid job full-time or part-time?

Yes	A	Go to Q.10
No	B	Go to Q.9

SHOW CARD C9

C.9 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
B-Unemployed, less than 2 months
C-Sick, still receiving pay or statutory pay from job

A Ask occ.
B details of
previous
job-Q.10

D-Widow, receiving pension from husband's previous job
E-Divorced/separated, receiving maintenance from ex-husband

Ask occ.
D details of
husband's
prev. Job

F-Full-time student

F - Code SG
C1 at Q.11

G-Not working, private means

G - Assess
SG at Q.11

H-Unemployed longer than 2 mths
I-Sick - only receiving Income Support or Invalidity Benefit

H Code SG
I E at Q.11

J-Receiving State Pension only

J

C.10 Employment Status of C.I.E.:

- What type of firm/organisation does/did (C.I.E.) work for?
WRITE IN: _____
- What job does do?
WRITE IN: _____
- Does have any position/rank/grade in the organisation (ie., responsible for the work of other people)?

Yes	A	No	B
-----	---	----	---

PROMPT AS APPROPRIATE (*Foreman, Sergeant, Office Manager, Executive, Officer etc.*)

IF YES, WRITE IN: _____

AND ASK: How many people is responsible for?

- Does have any qualifications?

Yes	A	No	B
-----	---	----	---

PROMPT AS APPROPRIATE: *Apprenticeship, professional qualifications, University degree*

WRITE IN: _____

- IF FARMER ASK: How many acres do you farm?

C.11 Assess Social Grade:

A	1	C2	4
B	2	D	5
C1	3	E	6

SHOW CARD C12 AND READ OUT

C.12 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	Don't know	3
-----	---	----	---	------------	---

SHOW CARD C13

C.13 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

C.15 Have you ceased your full time education?

Yes	1
No	2
If Yes – At what age?	

C.15 INTERVIEWER TO COMPLETE

Carlow	1	Clare	18
Dublin City	2	Kerry	19
Dublin Belgard	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.16 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

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:

OFFICE USE ONLY

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

PRINT NAME:

SIGNATURE:

RELATIONSHIP TO CHILD:

Interviewer record:

Parent present during interview	1
Parent not present during interview	2

H.Questionnaire - Northern Ireland

The questionnaire for Northern Ireland is displayed on the pages, which follow:

Unique Address Code					Sample Point Number					
------------------------	--	--	--	--	------------------------	--	--	--	--	--

NORTHERN IRELAND
POPULATION STUDY



POPULATION STUDY

INTRODUCTION

Good morning/afternoon/evening. My name is from MORI MRC, 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 15 minutes.

IF ASKED STATE This study is being conducted on behalf of the Department of Health, Social Services and Public Safety in Northern 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 market 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

Q2	Have you ever smoked tobacco products in the past?	Yes	1	CONTINUE
		No	2	GO TO Q8
		Don't know	3	

Q3	At what age did you smoke tobacco products for the first time?			← INSERT AGE
		Don't know	-1	

Q4	During the last 12 months have you smoked tobacco products?	Yes	1	CONTINUE
		No	2	GO TO Q8

Q5	During the last 30 days have you smoked tobacco products?	Yes	1	CONTINUE
		No	2	GO TO Q8

Q6	During the last 30 days on how many days have you smoked?			← INSERT FIGURE
		Don't know	-1	

Q7	What type of tobacco product do you most commonly use? READ OUT – MULTI CODE	Branded cigarettes	1
		Hand rolled cigarettes	2
		Cigars	3
		Pipe	4
		Don't know	5

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

Q8	Do you drink alcohol?	Yes	1	GO TO Q.10
		No	2	CONTINUE

Q9	Have you ever drunk alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q15

Q10	At what age did you first drink alcohol?			
		Don't know	-1	

**← INSERT
AGE**

Q11	During the last 12 months, have you drunk any alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q15

Q12	During the last 30 days have you drunk any alcohol?	Yes	1	CONTINUE
		No	2	GO TO Q15

Q13	During the last 30 days, on how many days have you drunk alcohol?			
		Don't know	-1	

**← INSERT
FIGURE**

Q14	How often do you drink six or more alcoholic drinks 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

Now I'm going to ask a few questions about drugs that are sometimes used as medicines.**SHOW CARD 15**

Q15	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 Q24

Q16	Do you personally know people who take sedatives, tranquillisers or anti-depressants?	Yes	1
		No	2

Q17	Have you ever taken sedatives, tranquillisers or anti-depressants?	Yes	1	CONTINUE
		No	2	GO TO Q24

Q18	At what age did you first take sedatives or tranquillisers or anti-depressants?			
		Don't know	-1	

**← INSERT
AGE**

Q19	During the last 12 months have you taken sedatives, tranquillisers or anti-depressants?	Yes	1	CONTINUE
		No	2	GO TO Q24

Q20	During the last 30 days have you taken sedatives, tranquillisers or anti-depressants?	Yes	1	CONTINUE
		No	2	GO TO Q24

← INSERT
FIGURE

Q21 During the last 30 days, on how many days have you taken sedatives, tranquillisers or anti-depressants?

Don't know	-1

SHOW CARD 22

Q22 What method do you commonly use to take sedatives, tranquillisers or anti-depressants?
Just call me out the number from the card – MULTI CODE

Tablets	1
Injection with a needle	2
Other (specify) _____	3
Don't know	4

SHOW CARD 23

Q23 The last occasion you took sedatives, tranquillisers or anti-depressants how had you obtained them?
JUST CALL ME OUT THE NUMBER FROM THE CARD

I got them on a prescription	1
I got them from someone else I know	2
I bought them without a prescription in a chemist	3
None of the above	4

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

SHOW CARD 24

Q24 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 Q33

Q25 Do you personally know people who take cannabis?

Yes	1
No	2

Q26 Have you ever taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q27 At what age did you first take cannabis?

Don't know	-1

← INSERT
AGE

Q28 During the last 12 months have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q29 During the last 30 days have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q33

Q30 During the last 30 days, on how many days have you taken cannabis?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 31

Q31 What type of cannabis do you most commonly use?

Just call me out the numbers from the card – MULTI CODE

Grass	1	Resin	7
Weed	2	Other (specify)	8
Skunk	3		
Hash Oil	4		
Herb	5	Don't know	9
Hash	6		

SHOW CARD 32

Q32 What method do you most commonly use to take cannabis?

Just call me out the numbers from the card – MULTI CODE

Joint	1
Pipe	2
Bong	3
Eat	4
Other (specify)	5
Don't know	6

SHOW CARD 33

Q33 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 Q40

Q34 Do you personally know people who take ecstasy?

Yes	1
No	2

Q35 Have you ever taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q36 At what age did you first take ecstasy?

Don't know	-1

← INSERT AGE

Q37 During the last 12 months have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q38 During the last 30 days have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q40

Q39 During the last 30 days, on how many days have you taken ecstasy?

Don't know	-1

← INSERT FIGURE**SHOW CARD 40**

Q40 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 Q47

Q41 Do you personally know people who take amphetamines?

Yes	1
No	2

Q42 Have you ever taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q47

Q43 At what age did you first take amphetamines?

Don't know	-1

← INSERT AGE

Q44 During the last 12 months have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q47

Q45 During the last 30 days have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q47

Q46a During the last 30 days, on how many days have you taken amphetamines?

Don't know	-1

← INSERT FIGURE

SHOW CARD 46b

Q46b The last occasion you took amphetamines how had you obtained them?

I got them on a prescription	1
I got them from someone else I know	2
I bought them without a prescription in a chemist	3
None of the above	4

JUST CALL ME OUT
THE NUMBER FROM
THE CARD

SHOW CARD 47

Q47 Have you ever heard of any of these?

Yes	1	CONTINUE
No	2	GO TO Q54

SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE

Q48 Do you personally know people who take crack?

Yes	1
No	2

Q49 Have you ever taken crack?

Yes	1	CONTINUE
No	2	GO TO Q54

Q50 At what age did you first take crack?

Don't know	-1

← INSERT AGE

Q51 During the last 12 months have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q54

Q52 During the last 30 days have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q54

Q53 During the last 30 days, on how many days have you taken crack?

Don't know	-1

← INSERT FIGURE

SHOW CARD 54

Q54 Have you ever heard of any of these?

Yes	1	CONTINUE
No	2	GO TO Q62

SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE

Q55 Do you personally know people who take cocaine?

Yes	1
No	2

Q56 Have you ever taken cocaine?

Yes	1	CONTINUE
-----	---	----------

No	2	GO TO Q62
----	---	-----------

Q57 At what age did you first take cocaine?

Don't know	-1

← INSERT
AGE

Q58 During the last 12 months have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q62

Q59 During the last 30 days have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q62

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

Don't know	-1

← INSERT
FIGURE

SHOW CARD 61

Q61 What method do you commonly use to take cocaine? **Just call me out the number from the card – MULTI CODE**

Doing a line/Snort	1
Injection with a needle	2
Other (specify)	3

Don't know	4

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

Q63 Do you personally know people who take heroin?

Yes	1
No	2

Q64 Have you ever taken heroin?

Yes	1	CONTINUE
No	2	GO TO Q70

Q65 At what age did you first take heroin?

Don't know	-1

← INSERT
AGE

Q66 During the last 12 months have you taken heroin?

Yes	1	CONTINUE
No	2	GO TO Q70

Q67 During the last 30 days have you taken heroin?

Yes	1	CONTINUE
No	2	GO TO Q70

Q68 During the last 30 days, on how many days have you taken heroin?

Don't know	2

← INSERT
FIGURE

SHOW CARD 69

Q69 What method do you commonly use to take heroin? **Just call me out the number from the card – MULTICODE**

Smoke	1
Injection with a needle	2
'Chasing the dragon'	3
Other (specify)	4

Don't know	5

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 Q77

Q71	Do you personally know people who take LSD?	Yes	1
		No	2

Q72	Have you ever taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q73	At what age did you first take LSD?			← INSERT AGE
		Don't know	-1	

Q74	During the last 12 months have you taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q75	During the last 30 days have you taken LSD?	Yes	1	CONTINUE
		No	2	GO TO Q77

Q76	During the last 30 days, on how many days have you taken LSD?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 77

Q77	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 Q84

Q78	Do you personally know people who take solvents?	Yes	1
		No	2

Q79	Have you ever taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q80	At what age did you first take solvents?			← INSERT AGE
		Don't know	-1	

Q81	During the last 12 months have you taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q82	During the last 30 days have you taken solvents?	Yes	1	CONTINUE
		No	2	GO TO Q84

Q83	During the last 30 days, on how many days have you taken solvents?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 84

Q84	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 Q91

Q85	Do you personally know people who take poppers?	Yes	1
		No	2

Q86	Have you ever taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q87	At what age did you first take poppers?			← INSERT AGE
		Don't know	-1	

Q88	During the last 12 months have you taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q89	During the last 30 days have you taken poppers?	Yes	1	CONTINUE
		No	2	GO TO Q91

Q90	During the last 30 days, on how many days have you taken poppers?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 91

Q91	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 Q98

Q92	Do you personally know people who take magic mushrooms?	Yes	1	
		No	2	

Q93	Have you ever taken magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q94	At what age did you first take magic mushrooms?			← INSERT AGE
		Don't know	-1	

Q95	During the last 12 months have you taken magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q96	During the last 30 days have you taken magic mushrooms?	Yes	1	CONTINUE
		No	2	GO TO Q98

Q97	During the last 30 days, on how many days have you taken magic mushrooms?			← INSERT FIGURE
		Don't know	-1	

SHOW CARD 98

Q98	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 Q105

Q99	Do you personally know people who take methadone?	Yes	1	
		No	2	

Q100	Have you ever taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q105

Q101	At what age did you first take methadone?			← INSERT AGE
		Don't know	-1	

Q102	During the last 12 months have you taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q105

Q103	During the last 30 days have you taken methadone?	Yes	1	CONTINUE
		No	2	GO TO Q105

Q104a During the last 30 days, on how many days have you taken methadone?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 104b

Q104b The last occasion you took methadone how had you obtained it? **JUST CALL ME OUT THE NUMBER FROM THE CARD**

I got it on a prescription	1
I got it from someone else I know	2
I bought it without a prescription in a chemist	3
None of the above	4

SHOW CARD 105

Q105 Have you ever heard of this? **SHOW CARD, IF YES CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q112

Q106 Do you personally know people who take nubain?

Yes	1
No	2

Q107 Have you ever taken nubain?

Yes	1	CONTINUE
No	2	GO TO Q112

Q108 At what age did you first take nubain?

Don't know	-1

← INSERT
AGE

Q109 During the last 12 months have you taken nubain?

Yes	1	CONTINUE
No	2	GO TO Q112

Q110 During the last 30 days have you taken nubain?

Yes	1	CONTINUE
No	2	GO TO Q112

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

Don't know	-1

← INSERT
FIGURE

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	GO TO Q119

Q113 Do you personally know people who take other opiates?

Yes	1
No	2

Q114 Have you ever taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q119

Q115 At what age did you first take other opiates?

Don't know	-1

← INSERT
AGE

Q116	During the last 12 months have you taken other opiates?	Yes	1	CONTINUE
		No	2	GO TO Q119

Q117	During the last 30 days have you taken other opiates?	Yes	1	CONTINUE
		No	2	GO TO Q119

Q118a During the last 30 days, on how many days have you taken other opiates?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 118b

Q118b	The last occasion you took other opiates how had you obtained them? JUST CALL ME OUT THE NUMBER FROM THE CARD	I got them on a prescription	1
		I got them from someone else I know	2
		I bought them without a prescription in a chemist	3
		None of the above	4

SHOW CARD 119

Q119 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 Q126

Q120 Do you personally know people who take anabolic steroids?

Yes	1
No	2

Q121 Have you ever taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q126

Q122 At what age did you first take anabolic steroids?

Don't know	-1

← INSERT
AGE

Q123 During the last 12 months have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q126

Q124 During the last 30 days have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q126

Q125a During the last 30 days, on how many days have you taken anabolic steroids?

Don't know	-1

← INSERT
FIGURE

SHOW CARD 125b

Q125b	The last occasion you took anabolic steroids how had you obtained them? JUST CALL ME OUT THE NUMBER FROM THE CARD	I got them on a prescription	1
		I got them from someone else I know	2
		I bought them without a prescription in a chemist	3
		None of the above	4

Now, I'd like to get your opinions.

SHOW CARD 126

Q126 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	5

SHOW CARD 127

Q127 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
"People should be permitted to take cannabis for medical reasons"	1	2	3	4	5	6
"People should be permitted to take cannabis for recreational reasons"	1	2	3	4	5	6
"People should be permitted to take heroin"	1	2	3	4	5	6

SHOW CARD 128

Q128 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
Trying ecstasy once or twice	1	2	3	4
Trying heroin once or twice	1	2	3	4
Smoking 10 cigarettes a day	1	2	3	4
Having one or two drinks several times a week	1	2	3	4
Smoking cannabis occasionally	1	2	3	4

SHOW CARD 129

Q129 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
Smoke one or more packs of cigarettes a day	1	2	3	4	5
Have five or more drinks at the weekend	1	2	3	4	5
Smoke cannabis regularly	1	2	3	4	5
Try ecstasy once or twice	1	2	3	4	5
Try cocaine or crack once or twice	1	2	3	4	5

Q130 Here in Northern Ireland and the Republic of Ireland have you ever been offered illegal drugs?

Yes	1
No	2

ASK ALL WHO DRINK ALCOHOL AT Q8 OR HAVE EVER DRUNK ALCOHOL AT Q9

Q131 Earlier in the study you stated that you have drunk alcohol, have you ever drunk alcohol regularly?

Yes	1	CONTINUE
No	2	GO TO Q133

Q132 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?

Don't know	-1

← INSERT AGE

ASK ALL WHO EVER TAKE CANNABIS AT Q26

Q133 Earlier in the study you stated that you have taken cannabis, have you ever taken cannabis regularly?

Yes	1	CONTINUE
No	2	GO TO Q137

Q134 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?

Don't know	-1

← INSERT AGE

SHOW CARD 135

Q135 Have you ever tried to stop taking cannabis?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q137
No	3	

SHOW CARD 136

Q136 What was the reason (s) for stopping taking cannabis?

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE ECSTASY AT Q35

Q137 Earlier in the study you stated that you have taken ecstasy, have you ever taken ecstasy regularly?

Yes	1	CONTINUE
No	2	GO TO Q141

Q138 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?

Don't know	-1

← INSERT AGE

SHOW CARD 139

Q139 Have you ever tried to stop taking ecstasy?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q141
No	3	

SHOW CARD 140

Q140 What was the reason (s) for stopping taking ecstasy?

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE COCAINE AT Q56

Q141 Earlier in the study you stated that you have taken cocaine, have you ever taken cocaine regularly?

Yes	1	CONTINUE
No	2	GO TO Q145

Q142 Earlier in the study you stated the age when you first took cocaine, can you tell us at what

--

← INSERT AGE

age did you first take cocaine regularly?

Don't know	-1
------------	----

SHOW CARD 143

Q143 Have you ever tried to stop taking cocaine?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q145
No		

SHOW CARD 144

Q144 What was the reason (s) for stopping taking cocaine?

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO EVER TAKE HEROIN AT Q64

Q145 Earlier in the study you stated that you have taken heroin, have you ever taken heroin regularly?

Yes	1	CONTINUE
No	2	GO TO Q149

Q146 Earlier in the study you stated the age when you first took heroin, can you tell us at what age did you first take heroin regularly?

Don't know	-1

← INSERT AGE**SHOW CARD 147**

Q147 Have you ever tried to stop taking heroin?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	GO TO Q149
No		

SHOW CARD 148

Q148 What was the reason (s) for stopping taking heroin?

Just call me out the numbers from the card – MULTI CODE

Cost	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	Could no longer afford it	12
Pregnancy	6	Other (specify) _____	13
Less available supply	7	Don't know	14

ASK ALL WHO HAVE EITHER USED CANNABIS (Yes at Q28), ECSTASY (Yes at Q37), COCAINE (Yes at Q58) OR HEROIN (Yes at Q66) IN LAST 12 MONTHS**SHOW CARD 149**

Q149 How did you get the drugs on the last occasion you used them?

Just call me out the number from the card

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

ASK ALL WHO HAVE EITHER USED CANNABIS (Yes at Q28), ECSTASY (Yes at Q37), COCAINE (Yes at Q58) OR HEROIN (Yes at Q66) IN LAST 12 MONTHS

SHOW CARD 150

Q150 In which of the following places did you obtain the drugs on the last occasion you used them?
Just call me out the number from the card

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
Other (specify) _____	8
Don't know	9

ASK ALL WHO HAVE USED CANNABIS (Yes at Q28) IN LAST 12 MONTHS**SHOW CARD 151**

Q151a 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	6

ASK ALL WHO HAVE USED ECSTASY (Yes at Q37), IN LAST 12 MONTHS**SHOW CARD 151**

Q151b 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	6

ASK ALL WHO HAVE USED COCAINE (Yes at Q58) IN LAST 12 MONTHS**SHOW CARD 151**

Q151c 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	6

ASK ALL WHO HAVE USED HEROIN (Yes at Q66) IN LAST 12 MONTHS**SHOW CARD 151**

Q151d How easy or difficult is it to obtain heroin 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	6

ASK ALL

Q152 Have you taken any other illegal or illicit drug(s) not already mentioned in this study?

Yes	1	CONTINUE
No	2	GOT TO Q154

Q153 What is the name of the drug(s) that you took?

--

ASK ALL

Q154 In the last month, have you taken a pill or smoked something and did not know what it was?

Yes	1
No	2

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 MORI MRC to check that the interviewer has carried out your interview according to instructions"

REPEAT CONFIDENTIALITY REASSURANCE IF CONCERNED ABOUT CONFIDENTIALITY

Job No: 220543

MORI MRC

C.1 *What was your age last birthday?*

STATE EXACT 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

C.2 Which of these describes you?

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

Male	1
male	2

Owned outright	1
Owned with a mortgage/loan	2
Part mortgage/Part rented (shared ownership)	3
Rented from a private landlord	4
Rented from N. Ireland Housing Executive	5
Rented from a housing association	6
Lives here rent free	7
Other (Specify) _____	8
Don't know	9

0	1	2	3	4	5	6	7	8	9+
---	---	---	---	---	---	---	---	---	----

C.6 *In this household, do you care for an adult who requires substantial assistance with the activities of daily life?*

Yes	1	No	2
-----	---	----	---

C.7 Which of these best describes you?

C.7 Which of these best describes you?		
In Paid Job	Self-employed	1
	Working full-time 30 hrs+ /week	2
	Working part time	3
No Paid Job	Unemployed and seeking work	4
	Home (domestic) duties	5
	Unable to work due to permanent illness/disability	6
	Not working (seeking work)	7
	Not working (not seeking work)	8
	On Gov. training/education scheme (Jobskills, Training for Work, New Deal)	9
	On Gov. employment scheme (New Deal, Workteach)	10
	Full time education	11
	Part time education	12
	Retired	13
	Other (Specify)	14

Yes	1	No	2
-----	---	----	---

<u>STUDENT DATA</u>		
SOC 2000 CODE		

C.9b If unemployed/retired/engaged in home duties or on government training scheme and previously employed

- What was the main occupation you previously held? **WRITE IN:** _____

C.10 Are you currently in receipt of any of the following benefits/allowances?

Jobseekers Allowance	1
Incapacity Benefit	2
Working Families Tax Credit	3
Disabled Persons Tax Credit	4
Income Support	5
None of these	6

C.11 Which member of your household would you say is the CHIEF INCOME EARNER, 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 Q13
Other (WRITE IN)	B	Go to Q.12

C.12 Is related to you?

Yes	A	Go to Q.13
No	B	Go to Q.13 (Respondent is C.I.E)

ASK ALL

C.13 Employment Status of C.I.E:

Does the C.I.E. have a paid job full-time or part-time?

Yes	A	Go to Q.15
No	B	Go to Q.14

SHOW CARD C14

C.14 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
B-Unemployed, less than 2 months
C-Sick, still receiving pay or statutory pay from job

A Ask occ.
B details of
previous
C job-Q.15

D-Widow, receiving pension from husband's previous job
E-Divorced/separated, receiving maintenance from ex-husband

Ask occ.
D details of
husband's
E prev. Job

F-Full-time student

F - Code SG
C1 at Q.16

G-Not working, private means

G - Assess
SG at Q.16

H-Unemployed longer than 2 mths

H Code SG

I-Sick - only receiving Income Support or Invalidity Benefit

I E at Q.16

J-Receiving State Pension only

J

C.15 Employment Status of C.I.E.:

- What type of firm/organisation does/did (C.I.E.) work for?
WRITE IN: _____
- What job does do?
WRITE IN: _____
- Does have any position/rank/grade in the organisation (ie., responsible for the work of other people)?

Yes	A	No	B
-----	---	----	---

PROMPT AS APPROPRIATE (*Foreman, Sergeant, Office Manager, Executive, Officer etc.*)

IF YES,WRITE IN: _____

AND ASK: How many people is responsible for?

- Does have any qualifications?

Yes	A	No	B
-----	---	----	---

PROMPT AS APPROPRIATE: *Apprenticeship, professional qualifications, University degree*

WRITE IN: _____

- IF FARMER ASK:** How many acres do you farm?

C.16 Assess Social Grade:

A	1	C2	4
B	2	D	5
C1	3	E	6

SHOW CARD C17 AND READ OUT

C.17 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	3
-----	---	----	---	----	---

SHOW CARD C18

C.18 Which of these best describes your ethnic origin?

White	1	Bangladeshi	6
Chinese	2	Black African	7
Irish Traveller	3	Black Caribbean	8
Indian	4	Black Other	9
Pakistani	5	Mixed ethnic group	10

SHOW CARD C19

C.19 What is the highest level of education that you have completed, was it ...?

GCSE (grades G-D), CSE (grades 2-5), NVQ Level 1, GNVQ Foundation	1
1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes	2
5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level passes, Senior Certificate, NVQ Level 2, GNVQ Intermediate	3
1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate	4
2+ 'A' Levels, 4+ AS Levels, NVQ Level 3, GNVQ Advanced	5
First Degree, NVQ Level 4, HNC, HND	6
Higher Degree, NVQ Level 5	7
No qualifications	8

Yes	1
No	2
If Yes – At what age?	

ROI	1	NI	2
-----	---	----	---

Yes	1	Go to C22
No	2	Go to C23

	C22	C23
Catholic	1	1
Protestant	2	2
Other (specify) _____	3	3
None		5

C.23 What religion were you brought up in?
CODE IN GRID ABOVE

[illegible]

EHSSB	1
NHSSB	2
SHSSB	3
WHSSB	4

Date of Interview

NAME AND SIGNATURE OF ADULT GIVING
AUTHORITY FOR INTERVIEW:

RELATIONSHIP TO CHILD:

Parent present during interview	1
Parent not present during interview	2

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

I. Showcards - Ireland

The following pages contain the full showcards used for the Population survey in Ireland in order of their appearance on the questionnaire.

225347**SHOW CARD '15'**

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

225347**SHOW CARD '22'**

1	Tablets
2	Injection with a needle
3	Other (please tell me which)

225347**SHOW CARD '23'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

225347**SHOW CARD '24'**

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

225347**SHOW CARD '31'**

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

225347**SHOW CARD '32'**

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

225347**SHOW CARD '33'**

1	Ecstasy
2	Pills
3	E
4	XTC
5	Doves
6	Mitsubishi
7	Shamrocks

225347**SHOW CARD '40'**

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

225347**SHOW CARD '47'**

1	Crack
2	Rock
3	Stones
4	Freebase

225347**SHOW CARD '54'**

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

225347**SHOW CARD '61'**

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

225347**SHOW CARD '62'**

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

225347**SHOW CARD '69'**

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

225347**SHOW CARD '70'**

1	LSD
2	Acid
3	Trips
4	Tabs

225347**SHOW CARD '77'**

1	Solvents
2	Glues
3	Dry-cleaning fluids
4	Aerosols
5	Strippers
6	Petrol
7	Nail varnish remover
8	Correction fluids
9	Gas lighter refills

225347**SHOW CARD '84'**

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

225347**SHOW CARD '91'**

1	Psilocybin
2	Magic Mushrooms
3	Mushies

225347**SHOW CARD '98'**

1	Methadone
2	Physeptone
3	Phy
4	Brown
5	Green

225347**SHOW CARD '104b'**

1	I got it on a prescription
2	I got it from someone else I know
3	I bought it without a prescription in a chemist

225347**SHOW CARD '112'**

1	Opiates
2	Opium
3	Temgesic, (GiGis), buprenorphine
4	Diconal, (Dike)
5	Napps
6	MSTs
7	Pethidine
8	DF118, (Dihydrocodeine)
9	Morphine

225347**SHOW CARD '118b'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

225347**SHOW CARD '126'**

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

225347**SHOW CARD '127'**

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

225347**SHOW CARD '128'**

1	Do not disapprove
2	Disapprove
3	Strongly disapprove

225347**SHOW CARD '129'**

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

225347**SHOW CARD '135'**

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

225347**SHOW CARD '136'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

225347**SHOW CARD '139'**

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

225347**SHOW CARD '140'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

225347**SHOW CARD '143'**

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

225347**SHOW CARD '144'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

225347**SHOW CARD '147'**

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

225347**SHOW CARD '148'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

225347**SHOW CARD '149'**

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

225347**SHOW CARD '150'**

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	Other (please tell me which)

225347**SHOW CARD '151'**

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

225347

SHOW CARD 'C2'

Single (never married)

Married

Co-habiting

Separated

Divorced

Widowed

225347

SHOW CARD 'C5'

In Paid Job	
1	Working full-time 30+ hours a week
2	Working 8-29 hours a week
3	Working less than 8 hours a week
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)

225347**SHOW CARD 'C9'**

A	Retired, gets pension from previous job
B	Unemployed, less than 2 months
C	Sick, still receiving pay or statutory pay from job
D	Widow, receiving pension from husband's previous job
E	Divorced/separated, receiving maintenance from ex-husband
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

225347

SHOW CARD 'C12'

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?

225347

SHOW CARD 'C13'

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

J. Showcards - Northern Ireland

The following pages contain the full showcards used for the Population survey in Northern Ireland in order of their appearance on the questionnaire.

220543 SHOW CARD '15'

1	Sedatives
2	Sleeping pills
3	Roofies
4	Mogadon
5	Moggies
6	Phenobarbitone
7	Tranquilliser
8	Benzos
9	Librium
10	Valium
11	Temazepam
12	Anti depressants
13	Rugby balls
14	Prozac

220543 SHOW CARD '22'

1	Tablets
2	Injection with a needle
3	Other (please tell me which)

220543**SHOW CARD '23'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

220543**SHOW CARD '24'**

1	Cannabis
2	Marijuana
3	Dope
4	Grass
5	Pot
6	Hash(ish)
7	Blow

220543**SHOW CARD '31'**

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

220543**SHOW CARD '32'**

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

220543**SHOW CARD '33'**

1	Ecstasy
2	Pills
3	E
4	X
5	Doves
6	Denis the Menace
7	MDMA
8	New Yorkers
9	Ecky
10	Adam

220543**SHOW CARD '40'**

1	Amphetamine
2	Speed
3	Billy
4	Whizz
5	Ice
6	Crystal meth
7	Dexies

220543**SHOW CARD '46b'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

220543**SHOW CARD '47'**

1	Crack
2	Rock
3	Freebase

220543**SHOW CARD '54'**

1	Cocaine
2	Coke
3	Snow

220543**SHOW CARD '61'**

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

220543**SHOW CARD '62'**

1	Heroin
2	Smack
3	H
4	Skag

220543**SHOW CARD '69'**

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

220543**SHOW CARD '70'**

1	LSD
2	Acid
3	Trips
4	Tabs

220543**SHOW CARD '77'**

1	Solvents
2	Glues
3	Dry-cleaning fluids
4	Aerosols
5	Strippers
6	Petrol
7	Nail varnish remover
8	Correction fluids
9	Gas lighter refills

220543**SHOW CARD '84'**

1	Amyl Nitrite
2	Poppers

220543**SHOW CARD '91'**

1	Magic Mushrooms
2	Psilocybin
3	Mushies
4	Liberty Caps

220543**SHOW CARD '98'**

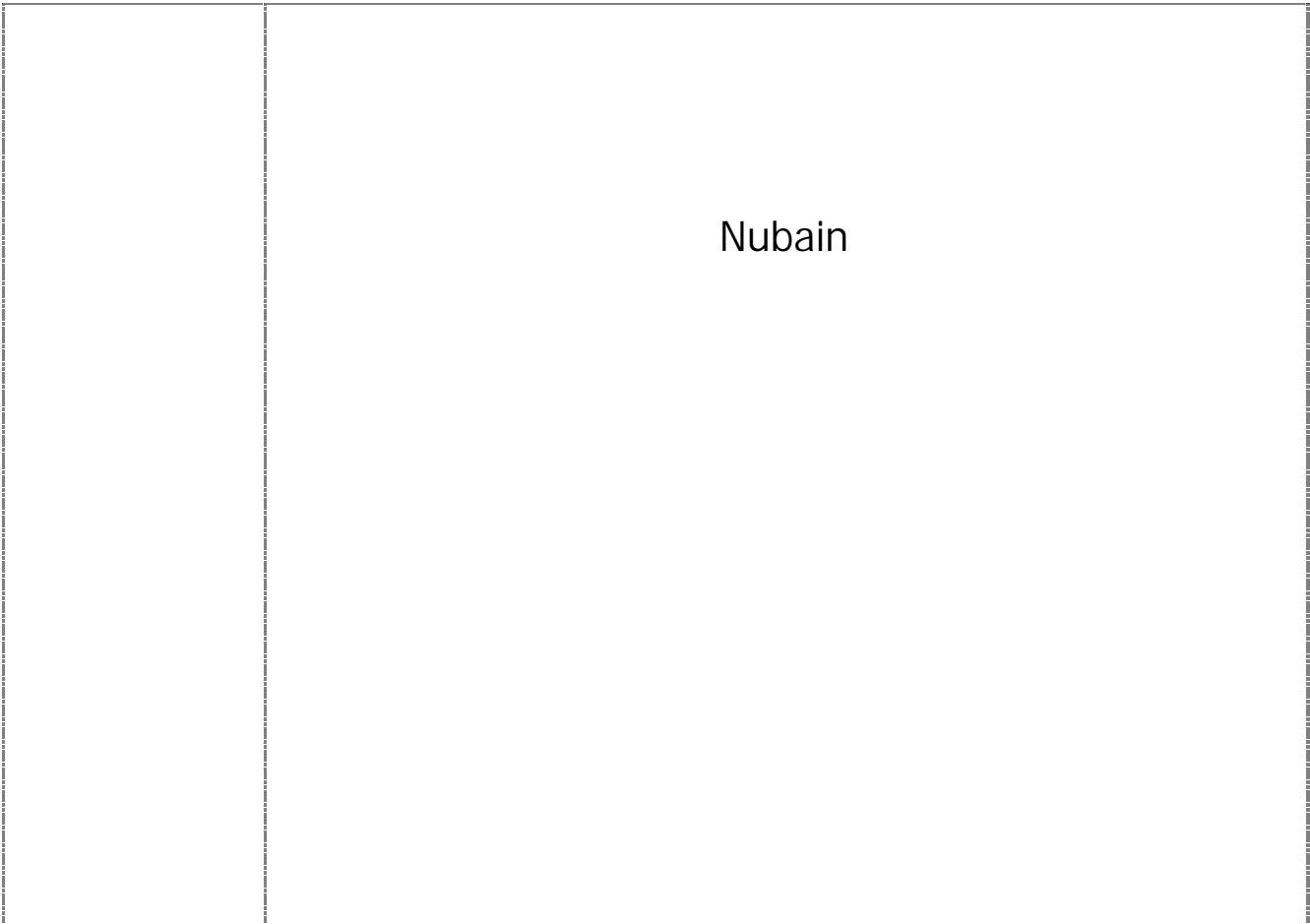
1	Methadone
2	Physeptone
3	Meths

220543**SHOW CARD '104b'**

1	I got it on a prescription
2	I got it from someone else I know
3	I bought it without a prescription in a chemist

220543

SHOW CARD '105'



220543

SHOW CARD '112'

1	<u>Opiates</u>
2	<u>Temgesic</u>
3	<u>Codeine</u>
4	<u>Kapake</u>
5	<u>Morphine</u>
6	<u>Opium</u>
7	<u>DF's</u>
8	<u>Diff's</u>
9	<u>Dikes</u>
10	<u>Peach</u>

220543**SHOW CARD '118b'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

220543**SHOW CARD '119'**

1	Anabolic Steroids (This does not include steroids taken for the treatment of respiratory ailments e.g. Asthma, Arthritis and other inflammatory conditions)
2	Iron Brew
3	Dianabol
4	Durabolin
5	Stanozolol

220543**SHOW CARD '125b'**

1	I got them on a prescription
2	I got them from someone else I know
3	I bought them without a prescription in a chemist

220543**SHOW CARD '126'**

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

220543**SHOW CARD '127'**

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

220543**SHOW CARD '128'**

1	Do not disapprove
2	Disapprove
3	Strongly disapprove

220543**SHOW CARD '129'**

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

220543**SHOW CARD '135'**

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

220543**SHOW CARD '136'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

220543**SHOW CARD '139'**

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

220543**SHOW CARD '140'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

220543**SHOW CARD '143'**

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

220543**SHOW CARD '144'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

220543**SHOW CARD '147'**

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

220543**SHOW CARD '148'**

1	Cost
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	Could no longer afford it
13	Other (please tell me which)

220543**SHOW CARD '149'**

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

220543**SHOW CARD '150'**

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	Other (please tell me which)

220543

SHOW CARD '151'

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

220543**SHOW CARD 'C2'**

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

220543

SHOW CARD 'C7'

In Paid Job	
1	Self-employed
2	Working full-time 30 hrs+ /week
3	Working part time
No Paid Job	
4	Unemployed and seeking work
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 Gov. training/education scheme (Jobskills, Training for Work, New Deal)
10	On Gov. employment scheme (New Deal, Workteach)
11	Full time education
12	Part time education
13	Retired
14	Other (please tell me which)

220543**SHOW CARD 'C14'**

A	Retired, gets pension from previous job
B	Unemployed, less than 2 months
C	Sick, still receiving pay or statutory pay from job
D	Widow, receiving pension from husband's previous job
E	Divorced/separated, receiving maintenance from ex-husband
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

225078

SHOW CARD 'C17'

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?

220543**SHOW CARD 'C18'**

1	White
2	Chinese
3	Irish Traveller
4	Indian
5	Pakistani
6	Bangladeshi
7	Black African
8	Black Caribbean
9	Black Other
10	Mixed ethnic group

220543**SHOW CARD 'C19'**

1	GCSE (grades G-D), CSE (grades 2-5), NVQ Level 1, GNVQ Foundation
2	1-4 CSEs (grade 1), 1-4 GCSEs (grades A-C), 1-4 'O' Level Passes
3	5+ CSEs (grade 1), 5+ GCSEs (grades A-C), 5+ 'O' Level passes, Senior Certificate, NVQ Level 2, GNVQ Intermediate
4	1 'A' Level, 1-3 AS Levels, Advanced Senior Certificate
5	2+ 'A' Levels, 4+ AS Levels, NVQ Level 3, GNVQ Advanced
6	First Degree, NVQ Level 4, HNC, HND
7	Higher Degree, NVQ Level 5
8	No qualifications

K. Interviewer Instructions

The following pages contain the interviewing instructions used for the Population survey.

INTERVIEWER INSTRUCTIONS
POPULATION STUDY



225347 ROI

220543 NI

Background to the Study

The European Union has an Action Plan on drugs to establish 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 will be carrying out population studies using a common methodology and basic questionnaire.

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

In Ireland, this research has been commissioned by 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.

2. Sampling

In this study the people to be interviewed are to be adults aged 15-64 whose normal place of residence is Northern Ireland/Republic of Ireland.

We will interview 3,500 people in Northern Ireland and 4,100 people in the Republic of Ireland. Addresses have been chosen from each of the Health Boards in Northern Ireland/Republic of Ireland. The addresses chosen are proportionate to the populations in each Health Board, so for example, as there are more people living in the Eastern Health Board than in any of the other boards, it follows that we have more addresses here to obtain more interviews.

The principle used to select individuals for interviewing is called random sampling. This means that very precise instructions must be 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.

We have drawn a nationally representative sample of the population (for both Northern Ireland and the Republic of Ireland) from the Postal Address File in Northern Ireland and the An Post/Ordnance Survey Geo-Directory in the Republic.

These files are comprised of all addresses to which the Post Office/An Post deliver mail. They are updated regularly from information collected from each postal round, so provide the most comprehensive sample frame available.

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.

3. When to Interview

Each address has to be visited up to five times.

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.

Until you have established contact you should make your calls before 9.00pm and from Monday to Saturday. Later/Sunday calls can only be made by prior appointment.

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!

4. The Contact Record Sheet/Address List

In this study you will be given particular addresses in a relatively small geographical area.

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.

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 interview anyone you know. If you find such an address, please code "18" as the final outcome on the contact sheet and state "Known to me". Return the contact sheet with your completed assignment.

This also applies if, when you make contact at any given address, you discover that you know the person/people living there.

If you don't know the area you have been given you should go out in daylight on your first day.

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. These individuals form individual households, if they don't cater as one unit.

If you come across a multi-household you must ring the office. Please provide all relevant information such as – the number of households (in the case of a flat conversion or two or more households at the one address) to enable us to select which one you should select your respondent from, list them in the following order - the person whose name is on the rent book or who has the mortgage (if joint holders, in age order) then those who joined the household next and so on. We will select which household you should focus on from a random table, selection grid.

Do ring as soon as you are aware of this circumstance so that we can advise you immediately.

Each contact sheet has a unique address code (which will be transferred to the questionnaire you use to interview the selected individual).

Because you will need to introduce yourself and the study to the person you initially make contact with; the full introduction is written here, too.

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 Postal Address File/An Post/Ordnance Survey Geo-Directory (as appropriate). This is important to do if the person is concerned about how their address was obtained.

If the contact is reluctant to talk to you, back off before you get an outright refusal. Offer a copy of the letter from the client 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.

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! – then take the interview there and then.
- (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 "right" 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 the age of the selected individual.

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 youngest person as your respondent.

If a member of the household has their birthday on the day that you make contact and carryout 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.

Each time you make a call you record the result of the call 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. 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 an appointment card if you have not succeeded in making contact after two visits or to remind selected respondents of when they have agreed to carry out the interview.

If your selected individual in the household is aged 15 you need to obtain written parental permission before you can conduct an interview.

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.

Obviously with this study that would not be ideal so try to explain the subject matter in general terms (you may already have spoken to the parent as your contact person) and show the appropriate letter.

If you appear very matter-of-fact about everything, the odds are that the parent will allow you to conduct the interview alone with the 15 year old. If the parent wants to sit in you must accede.

Proceed with the interview as instructed and record on the questionnaire the fact that the parent was present.

If permission is not granted you cannot take an interview and you will record this in the final outcome box.

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 on the contact sheet and return to the office.

However, you may feel that you still have a chance of getting the interview. In that case carry the contact sheet and questionnaires and try when you are in the area, perhaps working on another project. So long as 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.

You must complete the Contact Sheets accurately and conscientiously with enough detail. 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.

We need to 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.

In the majority of cases you will be able to complete a successful interview so don't forget,

record the name and telephone number of the selected respondent on your contact sheet.

5. Pre-Selected Progress Monitoring

Your supervisor will contact you at regular intervals to see how your work is going. Please keep your paperwork organised so that you can always give an up-to-date report.

The basic information required for each assignment will be:

- 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 working on.

These four figures should tally with the number of addresses issued on the assignment.

6. The Interview

We have written to Garda/Police Headquarters to advise them that this study is taking place. You should contact the local 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.

Make every attempt to 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 15 minutes or less so it is possible to conduct it on the doorstep. 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?"*

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 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 (7,600 in total) are input to a computer using codes and then the results are produced as statistics, tables of figures etc.

You must ask all the questions as they are written, in the order that they appear and 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, no one actually knows how widespread it is or indeed any other real information.

There have been other smaller studies about the homeless, schoolchildren etc., but never a study with the population. The information gathered from this study will be used by various government departments to plan resources needed for education, rehabilitation etc.

7. The Questionnaire (and Show Cards)

This is straightforward and clearly set out.

Ask each section in order and follow skips as instructed. Use the show cards where instructed. Their use will minimise potentially sensitive questions and answers.

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.

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 judgement not you or the editor who checks that one figure, not a range of figures, is in the box!

Please try to get figure. Don't knows are not very useful to anyone.

If your respondent says *"no, that they have never"* (whatever the section is asking about) they will be routed to the next section.

At other places in the sections this routing applies. Please become familiar with the routing before going out to interview.

At Q.15 you introduce the show cards. Only allow the respondent to look at the card relevant to the question. The card numbers match the question numbers.

Ask the question – *"have you ever heard of any of these?"* – showing the relevant card at the same time. If 'yes' continue asking the questions in this section. If none are heard of then code 'no' and go to the next section.

Use the appropriate show cards and where applicable ask the respondent just to call you out the number(s) that applies to their answer(s).

Continue for all sections.

Use the link between the sections, enabling you to progress from legal drugs, tobacco, alcohol and drugs sometimes used as medicines to illegal drugs.

Use the link before Q.126 as this section of the questionnaire moves away from collecting facts to collecting opinions.

Note the wording of Q128.

Not **disapproving** is not the same as approving and it may be helpful to emphasise the not **disapprove** slightly when reading at the question.

At Q.129 “five or more drinks at the weekend” means having five or more drinks on any of Friday, Saturday or Sunday. It does not mean 5 drinks in total across all three days.

At Q.130 “Ireland” refers to the island as a whole, Northern Ireland as well as the Republic of Ireland.

Q.131 begins a new section where you may need to check whether or not this question is asked of a respondent.

Questions 131/132, 133/134, 137/138, 141/142 and 145/146 ask the respondent whether they have taken certain things “regularly”, i.e. drunk alcohol, taken cannabis, ecstasy, cocaine and heroin. In this instance “regularly” should be self defined by the respondent. If asked what do you mean by or how often is “regularly”, say to the respondent that it is means whatever he/she considers “regularly” to mean or however often he/she considers something to be regular.

To save you having to refer to the answer to a previous question several times, you must tick the reminder boxes on the last page of your questionnaire as you go along. You then know whether or not to ask subsequent questions without having to refer back.

This same procedure applies to the section that begins with Q.149.

8. Classification Section

Having selected the “correct” individual within the household for interview and administered the questionnaire you then need to collect the demographic information required. Again, if necessary, reassure respondents of the complete confidentiality of their answers.

Some of the questions on this classification section you are well used to, others may be new to you.

Ask all of these questions in the usual matter-of-fact way, using the classification cards as instructed.

C1-C11 are standard on the ROI questionnaire.

C1-C4, C11-C16 are standard on the NI questionnaire.

Please familiarise yourself with the other questions, and be sure to code up answers accurately.

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 vital.

The quality of the information collected (and reported on) depends on your skill, 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;
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 their answers are wanted and 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.

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.

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, random studies give much more accurate results, which is why this methodology is being used on this one.

L. Sampling Points - Ireland

The following pages contain the full list of sampling points used for the Population survey in Ireland. Sample points are listed in order of their county.

Sample Point	Area Detail	COUNTY	HEALTH BOARD
17010	CARLOW RURAL DED	CARLOW	SEHB
17011	CARLOW URBAN DED	CARLOW	SEHB
17013	CLONEGALL DED	CARLOW	SEHB
27024	CAVAN RURAL DED	CAVAN	NEHB
27065	LARAH NORTH DED	CAVAN	NEHB
27092	VIRGINIA DED	CAVAN	NEHB
27093	WATERLOO DED	CAVAN	NEHB
37027	CLENAGH DED	CLAIRE	MWHB
37042	CORROFIN DED	CLAIRE	MWHB
37056	EINAGH DED	CLAIRE	MWHB
37057	ENNIS RURAL DED	CLAIRE	MWHB
37080	KILLALOE DED	CLAIRE	MWHB
37104	KILTORAGHT DED	CLAIRE	MWHB
37154	ENNIS URBAN NO 1 DED	CLAIRE	MWHB
267004	BALDOYLE	CO. DUBLIN	ERHA
267008	BALLINTEER-BROADFORD	CO. DUBLIN	ERHA
267010	BALLINTEER-MARLEY	CO. DUBLIN	ERHA
267011	BALLINTEER-MEADOWBROADS	CO. DUBLIN	ERHA
267025	BLACKROCK-TEMPLEHILL	CO. DUBLIN	ERHA
267028	BLANCHARDSTOWN-BLAKESTOWN	CO. DUBLIN	ERHA
267029	BLANCHARDSTOWN-COOLMINE	CO. DUBLIN	ERHA
267037	CABINTEELY-KILBOGGET	CO. DUBLIN	ERHA
267039	CABINTEELY-POTTERY	CO. DUBLIN	ERHA
267040	CASTLEKNOCK-KNOCKMAROON	CO. DUBLIN	ERHA
267049	CLONDALKIN-DUNAWLEY	CO. DUBLIN	ERHA
267050	CLONDALKIN-MONASTERY	CO. DUBLIN	ERHA
267052	CLONDALKIN-ROWLAGH	CO. DUBLIN	ERHA
267053	CLONDALKIN-VILLAGE	CO. DUBLIN	ERHA
267058	CLONSKEAGH-ROEBUCK	CO. DUBLIN	ERHA
267071	DUN LAOGHAIRE-MOUNTOWN	CO. DUBLIN	ERHA
267072	DUN LAOGHAIRE-SALLYNOGGIN EAST	CO. DUBLIN	ERHA
267080	DUNDRUM-SANDYFORD	CO. DUBLIN	ERHA
267084	FIRHOUSE VILLAGE	CO. DUBLIN	ERHA
267089	FOXROCK-DEANSGRANGE	CO. DUBLIN	ERHA
267092	GLENCULLEN	CO. DUBLIN	ERHA
267095	HOWTH	CO. DUBLIN	ERHA
267096	KILLINEY NORTH	CO. DUBLIN	ERHA
267100	LUCAN -ESKER	CO. DUBLIN	ERHA
267103	LUCAN-ST.HELENS	CO. DUBLIN	ERHA
267105	MALAHIDE EAST	CO. DUBLIN	ERHA
267113	RATHFARNHAM-BALLYROAN	CO. DUBLIN	ERHA
267118	RUSH	CO. DUBLIN	ERHA
267119	SAGGART	CO. DUBLIN	ERHA
267120	SHANKHILL-RATHMICHAEL	CO. DUBLIN	ERHA
267125	STILLORGAN-KILMACUD	CO. DUBLIN	ERHA

Sample Point	Area Detail	COUNTY	HEALTH BOARD
267127	STILLORGAN-MERVILLE	CO. DUBLIN	ERHA
267130	SUTTON	CO. DUBLIN	ERHA
267131	SWORDS-GLASMORE	CO. DUBLIN	ERHA
267133	SWORDS-LISSENHALL	CO. DUBLIN	ERHA
267134	SWORDS-SEATOWN	CO. DUBLIN	ERHA
267138	TALLAGHT-FETTERCAIRN	CO. DUBLIN	ERHA
267139	TALLAGHT-GLENVIEW	CO. DUBLIN	ERHA
267140	TALLAGHT-JOBSTOWN	CO. DUBLIN	ERHA
267141	TALLAGHT-KILLINARDAN	CO. DUBLIN	ERHA
267143	TALLAGHT-KILTIPPER	CO. DUBLIN	ERHA
267147	TALLAGHT-SPRINGFIELD	CO. DUBLIN	ERHA
267149	TEMPLEOGUE-CYPRESS	CO. DUBLIN	ERHA
267154	TEMPLEOGUE-VILLAGE	CO. DUBLIN	ERHA
267159	TIBRADDEN	CO. DUBLIN	ERHA
268002	ARRAN QUAY B	CO. DUBLIN	ERHA
268005	ARRAN QUAY E	CO. DUBLIN	ERHA
268006	ASHTOWN A	CO. DUBLIN	ERHA
268007	ASHTOWN B	CO. DUBLIN	ERHA
268014	BALLYGALL D	CO. DUBLIN	ERHA
268015	BALLYMUN A	CO. DUBLIN	ERHA
268016	BALLYMUN B	CO. DUBLIN	ERHA
268017	BALLYMUN C	CO. DUBLIN	ERHA
268018	BALLYMUN D	CO. DUBLIN	ERHA
268021	BEAUMONT A	CO. DUBLIN	ERHA
268024	BEAUMONT D	CO. DUBLIN	ERHA
268026	BEAUMONT F	CO. DUBLIN	ERHA
268030	CABRA EAST A	CO. DUBLIN	ERHA
268034	CABRA WEST B	CO. DUBLIN	ERHA
268035	CABRA WEST C	CO. DUBLIN	ERHA
268039	CHERRY ORCHARD B	CO. DUBLIN	ERHA
268043	CLONTARF EAST C	CO. DUBLIN	ERHA
268045	CLONTARF EAST E	CO. DUBLIN	ERHA
268050	CLONTARF WEST E	CO. DUBLIN	ERHA
268051	CRUMLIN A	CO. DUBLIN	ERHA
268052	CRUMLIN B	CO. DUBLIN	ERHA
268061	DRUMFINN	CO. DUBLIN	ERHA
268063	FINGLAS NORTH A	CO. DUBLIN	ERHA
268064	FINGLAS NORTH B	CO. DUBLIN	ERHA
268072	GRANGE B	CO. DUBLIN	ERHA
268073	GRANGE C	CO. DUBLIN	ERHA
268076	HARMONSTOWN A	CO. DUBLIN	ERHA
268077	HARMONSTOWN B	CO. DUBLIN	ERHA
268078	INCHICORE A	CO. DUBLIN	ERHA
268087	KILMORE D	CO. DUBLIN	ERHA
268091	KIMMAGE B	CO. DUBLIN	ERHA
268092	KIMMAGE C	CO. DUBLIN	ERHA

Sample Point	Area Detail	COUNTY	HEALTH BOARD
268096	MANSION HOUSE A	CO. DUBLIN	ERHA
268102	MERCHANTS QUAY E	CO. DUBLIN	ERHA
268103	MERCHANTS QUAY F	CO. DUBLIN	ERHA
268104	MOUNTJOY A	CO. DUBLIN	ERHA
268111	PEMBROKE EAST B	CO. DUBLIN	ERHA
268112	PEMBROKE EAST C	CO. DUBLIN	ERHA
268114	PEMBROKE EAST E	CO. DUBLIN	ERHA
268117	PEMBROKE WEST C	CO. DUBLIN	ERHA
268119	PRIORSWOOD C	CO. DUBLIN	ERHA
268120	PRIORSWOOD D	CO. DUBLIN	ERHA
268126	RAHENY-ST.ASSAM	CO. DUBLIN	ERHA
268127	RATHFARNHAM	CO. DUBLIN	ERHA
268128	RATHMINES EAST A	CO. DUBLIN	ERHA
268133	RATHMINES WEST B	CO. DUBLIN	ERHA
268135	RATHMINES WEST D	CO. DUBLIN	ERHA
268143	SOUTH DOCK	CO. DUBLIN	ERHA
268159	WHITEHALL C	CO. DUBLIN	ERHA
47012	ARDSKEAGH DED	CORK	SHB
47016	BALLINCOLLIG DED	CORK	SHB
47052	BISHOPSTOWN DED	CORK	SHB
47054	BLARNEY DED	CORK	SHB
47055	BOHERBOY DED	CORK	SHB
47064	CAHERLAG DED	CORK	SHB
47066	CANDROMA DED	CORK	SHB
47067	CANNAWAY DED	CORK	SHB
47071	CARRIGALINE DED	CORK	SHB
47074	CARRIGBOY DED	CORK	SHB
47098	CLONFERT EAST DED	CORK	SHB
47105	CLOYNE DED	CORK	SHB
47132	DOUGLAS DED	CORK	SHB
47139	DROMINA DED	CORK	SHB
47140	DROMORE DED	CORK	SHB
47142	DUNDERROW DED	CORK	SHB
47152	FERMOY URBAN DED	CORK	SHB
47169	GOWLANE DED	CORK	SHB
47186	KILBROGAN DED	CORK	SHB
47221	KINSALE RURAL DED	CORK	SHB
47239	LISCLEARY DED	CORK	SHB
47243	MACROOM URBAN DED	CORK	SHB
47246	MALLOW SOUTH URBAN DED	CORK	SHB
47271	MONKSTOWN URBAN DED	CORK	SHB
47294	SKIBBEREEN URBAN DED	CORK	SHB
48001	BALLINLOUGH A	CORK	SHB
48008	BISHOPSTOWN C	CORK	SHB
48009	BISHOPSTOWN E	CORK	SHB
48029	GILLABBEY B	CORK	SHB

Sample Point	Area Detail	COUNTY	HEALTH BOARD
48033	GLASHEEN C	CORK	SHB
48042	MAHON A	CORK	SHB
48045	MARDYKE	CORK	SHB
48053	SHANDON B	CORK	SHB
48054	SOUTH GATE A	CORK	SHB
48061	THE GLEN A	CORK	SHB
48069	TRAMORE B	CORK	SHB
57011	BALLYMACCOOL DED	DONEGAL	NWHB
57018	BUNCRANA URBAN DED	DONEGAL	NWHB
57036	CLOGHER DED	DONEGAL	NWHB
57038	CLONLEIGH SOUTH DED	DONEGAL	NWHB
57053	DONEGAL DED	DONEGAL	NWHB
57073	GLENEELY DED	DONEGAL	NWHB
57080	GOLAND DED	DONEGAL	NWHB
57081	GORTAHORK DED	DONEGAL	NWHB
57101	KINCRAIGY DED	DONEGAL	NWHB
57125	NEWTOWN CUNNINGHAM DED	DONEGAL	NWHB
57129	RATHMULLAN DED	DONEGAL	NWHB
67017	BALLINASLOE URBAN DED	GALWAY	WHB
67028	BALLYNAKILL DED	GALWAY	WHB
67052	CASTLEBOY DED	GALWAY	WHB
67079	DEERPARK DED	GALWAY	WHB
67120	KILCROAN DED	GALWAY	WHB
67134	KILLIMOR DED	GALWAY	WHB
67170	LOUGHREA URBAN DED	GALWAY	WHB
67173	MILLTOWN DED	GALWAY	WHB
67178	MOUNTHAZEL DED	GALWAY	WHB
67179	MOYCULLEN DED	GALWAY	WHB
67211	TUAM RURAL DED	GALWAY	WHB
68003	BARNA	GALWAY	WHB
68005	CLADDAGH	GALWAY	WHB
68018	SALTHILL	GALWAY	WHB
68022	WELLPARK	GALWAY	WHB
77041	CARRIG DED	KERRY	SHB
77046	CAUSEWAY DED	KERRY	SHB
77058	CURRAGHMORE DED	KERRY	SHB
77065	DINGLE DED	KERRY	SHB
77089	KENMARE DED	KERRY	SHB
77092	KILCUMMIN DED	KERRY	SHB
77101	KILLARNEY RURAL DED	KERRY	SHB
77111	KILNANARE DED	KERRY	SHB
77116	KINARD DED	KERRY	SHB
77161	TRALEE URBAN DED	KERRY	SHB
77163	TUBRID DED	KERRY	SHB
87021	CARRIGEEN DED	KILDARE	ERHA
87022	CASTLEDERMOT DED	KILDARE	ERHA

Sample Point	Area Detail	COUNTY	HEALTH BOARD
87023	CELBRIDGE DED	KILDARE	ERHA
87034	DROICHEAD NUA TOWN DED	KILDARE	ERHA
87050	KILDARE DED	KILDARE	ERHA
87064	LEIXLIP	KILDARE	ERHA
87066	MAYNOOTH DED	KILDARE	ERHA
87067	MONASTEREVIN DED	KILDARE	ERHA
87069	MORRISTOWNBILLER DED	KILDARE	ERHA
87071	NAAS URBAN DED	KILDARE	ERHA
87072	NARRAGHMORE DED	KILDARE	ERHA
87074	NURNEY DED	KILDARE	ERHA
97029	COOLCRAHEEN DED	KILKENNY	SEHB
97034	DUNMORE DED	KILKENNY	SEHB
97045	GLASHARE DED	KILKENNY	SEHB
97058	KILCULLIHEEN DED	KILKENNY	SEHB
97063	KILKENNY RURAL DED	KILKENNY	SEHB
97086	PORTNASCULLY DED	KILKENNY	SEHB
107019	BORRIS-IN-OSSORY DED	LAOIS	MHB
107037	CULLENAGH DED	LAOIS	MHB
107047	ERRILL DED	LAOIS	MHB
107072	MOUNTMELICK URBAN DED	LAOIS	MHB
107073	MOUNTRATH DED	LAOIS	MHB
117039	GARADICE DED	LEITRIM	NWHB
117074	SRAMORE DED	LEITRIM	NWHB
127008	ARDPATRICK DED	LIMERICK	MWHB
127026	BALLYSIMON DED	LIMERICK	MWHB
127032	BRUREE DED	LIMERICK	MWHB
127033	BULGADEN DED	LIMERICK	MWHB
127042	CASTLETOWN DED	LIMERICK	MWHB
127044	CLARINA DED	LIMERICK	MWHB
127076	GLENBROHANE DED	LIMERICK	MWHB
127105	LIMERICK NORTH RURAL DED	LIMERICK	MWHB
127108	LOGHILL DED	LIMERICK	MWHB
127111	MONAGAY DED	LIMERICK	MWHB
127120	PATRICKS WELL DED	LIMERICK	MWHB
127133	TEMPLEBREDON DED	LIMERICK	MWHB
128015	DOCK B	LIMERICK	MWHB
128032	RATHBANE	LIMERICK	MWHB
128036	SINGLAND B	LIMERICK	MWHB
128037	ST LAURENCE	LIMERICK	MWHB
137005	ARDAGH WEST DED	LONGFORD	MHB
137043	LONGFORD NO1 URBAN DED	LONGFORD	MHB
137054	RATHCLINE DED	LONGFORD	MHB
147002	ARDEE URBAN DED	LOUTH	NEHB
147004	BARRONSTOWN DED	LOUTH	NEHB
147008	CASTLETOWN DED	LOUTH	NEHB
147020	DUNDALK URBAN 3 DED	LOUTH	NEHB

Sample Point	Area Detail	COUNTY	HEALTH BOARD
147028	LOUTH DED	LOUTH	NEHB
147035	WEST GATE DED	LOUTH	NEHB
157015	BALLINA RURAL DED	MAYO	WHB
157033	BEKAN DED	MAYO	WHB
157035	BELLAVARY DED	MAYO	WHB
157048	CASTLEBAR RURAL DED	MAYO	WHB
157049	CASTLEBAR URBAN DED	MAYO	WHB
157097	KILLALA DED	MAYO	WHB
157103	KILMOVEE DED	MAYO	WHB
157124	NEALE DED	MAYO	WHB
157138	SLIEVEMAHANAGH DED	MAYO	WHB
167025	DONAGHMORE DED	MEATH	NEHB
167026	DONAGHPATRICK DED	MEATH	NEHB
167034	GRANGEGEETH DED	MEATH	NEHB
167047	KILLALLON DED	MEATH	NEHB
167049	KILLEAGH DED	MEATH	NEHB
167065	NAVAN RURAL DED	MEATH	NEHB
167076	RATHMORE DED	MEATH	NEHB
167078	RATOATH	MEATH	NEHB
167082	ST MARY'S DED	MEATH	NEHB
167085	STAMULLIN DED	MEATH	NEHB
167088	TARA DED	MEATH	NEHB
177004	ANNY DED	MONAGHAN	NEHB
177010	BOCKS DED	MONAGHAN	NEHB
177016	CARRICKMACROSS RURAL DED	MONAGHAN	NEHB
177018	CASTLEBLAYNEY URBAN DED	MONAGHAN	NEHB
177052	KILMORE DED	MONAGHAN	NEHB
187017	CAPPANCUR DED	OFFALY	MHB
187036	EDENDERRY URBAN DED	OFFALY	MHB
187043	GORTEEN DED	OFFALY	MHB
187075	SCREGGAN DED	OFFALY	MHB
187087	TULLAMORE URBAN DED	OFFALY	MHB
197009	AUGHRIM EAST DED	ROSCOMMON	WHB
197018	BALLYNAMONA DED	ROSCOMMON	WHB
197027	CAMS DED	ROSCOMMON	WHB
197103	STROKESTOWN DED	ROSCOMMON	WHB
207028	CLOONACOOOL DED	SLIGO	NWHB
207038	DRUMCLIFF WEST DED	SLIGO	NWHB
207041	DRUMRAT DED	SLIGO	NWHB
207060	LISSADILL NORTH DED	SLIGO	NWHB
207071	SLIGO WEST URBAN DED	SLIGO	NWHB
217030	BORRISOKANE DED	TIPPERARY	MWHB
217055	CLONMEL RURAL DED	TIPPERARY	SEHB
217056	CLONMEL WEST URBAN DED	TIPPERARY	SEHB
217095	KILCORAN DED	TIPPERARY	SEHB
217120	LISRONAGH DED	TIPPERARY	SEHB

Sample Point	Area Detail	COUNTY	HEALTH BOARD
217129	MONSEA DED	TIPPERARY	MWHB
217133	MOYNE DED	TIPPERARY	MWHB
217134	MULLINAHONE DED	TIPPERARY	SEHB
217136	NENAGH WEST URBAN DED	TIPPERARY	MWHB
217151	RODUS DED	TIPPERARY	SEHB
217176	CLONMEL EAST URBAN DED	TIPPERARY	SEHB
227021	CASTLERICHARD DED	WATERFORD	SEHB
227030	DRUMCANNON DED	WATERFORD	SEHB
227086	TALLOW DED	WATERFORD	SEHB
227090	TRAMORE DED	WATERFORD	SEHB
228001	BALLYBEG NORTH	WATERFORD	SEHB
228005	BALLYNAKILL	WATERFORD	SEHB
228011	CLEABOY	WATERFORD	SEHB
228014	FARRANSHONEEN	WATERFORD	SEHB
237004	ATHLONE EAST RURAL DED	WESTMEATH	MHB
237007	BALLINALACK DED	WESTMEATH	MHB
237050	GREENPARK DED	WESTMEATH	MHB
237058	KILBEGGAN DED	WESTMEATH	MHB
237080	MULLINGAR SOUTH URBAN DED	WESTMEATH	MHB
247014	BALLYHACK DED	WEXFORD	SEHB
247017	BALLYLARKIN DED	WEXFORD	SEHB
247030	CARNAGH DED	WEXFORD	SEHB
247052	GOREY RURAL DED	WEXFORD	SEHB
247064	KILGARVAN DED	WEXFORD	SEHB
247078	KILPATRICK DED	WEXFORD	SEHB
247091	NEW ROSS URBAN DED	WEXFORD	SEHB
247117	WEXFORD RURAL DED	WEXFORD	SEHB
247118	WEXFORD URBAN NO.1 DED	WEXFORD	SEHB
247123	WEXFORD URBAN NO 3 DED	WEXFORD	SEHB
247124	WEXFORD URBAN NO 2 DED	WEXFORD	SEHB
257002	ALTIDORE DED	WICKLOW	ERHA
257004	ARKLOW NO.1 URBAN DED	WICKLOW	ERHA
257017	BRAY URBAN NO.3 DED	WICKLOW	ERHA
257038	GLENEALY DED	WICKLOW	ERHA
257051	KILMACANOGE DED	WICKLOW	ERHA
257071	TINAHELY DED	WICKLOW	ERHA
257077	WICKLOW RURAL DED	WICKLOW	ERHA
257079	ARKLOW NO 2 URBAN DED	WICKLOW	ERHA
257081	BRAY URBAN NO.2 DED	WICKLOW	ERHA

M. Sampling Points – Northern Ireland

The following pages contain the full list of sampling points used for the Population survey in Northern Ireland. Sample points are listed in order of their local authority.

Sample Point	Ward Name	Local Authority	Health Board
N001	GREYSTONE	Antrim	NHSSB
N002	RATHENRAW	Antrim	NHSSB
N004	SPRINGFARM	Antrim	NHSSB
N006	FOUNTAIN HILL	Antrim	NHSSB
N007	CRUMLIN	Antrim	NHSSB
N008	CRANFIELD	Antrim	NHSSB
N009	NEW PARK	Antrim	NHSSB
N012	DRUMANAWAY	Antrim	NHSSB
N015	CRANFIELD	Antrim	NHSSB
N018	TEMPLEPATRICK	Antrim	NHSSB
N024	STILES	Antrim	NHSSB
N026	TEMPLEPATRICK	Antrim	NHSSB
E046	GLEN	Ards	EHSSB
E048	LOUGHRIES	Ards	EHSSB
E049	COMBER SOUTH	Ards	EHSSB
E050	BALLYWALTER	Ards	EHSSB
E054	BALLYWALTER	Ards	EHSSB
E055	DONAGHADEE SOUTH	Ards	EHSSB
E056	COMBER WEST	Ards	EHSSB
E057	BALLYGOWAN	Ards	EHSSB
E058	KILLINCHY	Ards	EHSSB
E062	WHITESPOTS	Ards	EHSSB
E063	DONAGHADEE NORTH	Ards	EHSSB
S032	DEMESNE	Armagh	SHSSB
S034	MARKETHILL	Armagh	SHSSB
S041	LAURELVALE	Armagh	SHSSB
S046	RICH HILL	Armagh	SHSSB
N003	DUNCLUG	Ballymena	NHSSB
N013	HARRYVILLE	Ballymena	NHSSB
N014	HARRYVILLE	Ballymena	NHSSB
N016	GRANGE	Ballymena	NHSSB
N021	ARDEEVIN	Ballymena	NHSSB
N023	GALGORM	Ballymena	NHSSB
N025	ARDEEVIN	Ballymena	NHSSB
N027	NEWHILL	Ballymoney	NHSSB
N031	FAIRHILL	Ballymoney	NHSSB
N032	CARNANY	Ballymoney	NHSSB
N033	BALLYHOE and CORKEY	Ballymoney	NHSSB
N035	ROUTE	Ballymoney	NHSSB
N039	DUNLOY	Ballymoney	NHSSB
S007	GILFORD	Banbridge	SHSSB
S008	BANBRIDGE WEST	Banbridge	SHSSB
S011	LAWRENCETOWN	Banbridge	SHSSB
S013	BANNSIDE	Banbridge	SHSSB
S015	CROOB	Banbridge	SHSSB

Sample Point	Ward Name	Local Authority	Health Board
S017	BANBRIDGE WEST	Banbridge	SHSSB
S020	BALLYDOWN	Banbridge	SHSSB
R252	SHANKILL	Belfast	EHSSB
E001	FALLS	Belfast	EHSSB
E002	NEW LODGE	Belfast	EHSSB
E003	CRUMLIN	Belfast	EHSSB
E004	UPPER SPRINGFIELD	Belfast	EHSSB
E005	BEECHMOUNT	Belfast	EHSSB
E006	ARDOYNE	Belfast	EHSSB
E007	UPPER SPRINGFIELD	Belfast	EHSSB
E008	LEGONIEL	Belfast	EHSSB
E009	WOODVALE	Belfast	EHSSB
E010	LEGONIEL	Belfast	EHSSB
E011	THE MOUNT	Belfast	EHSSB
E012	BEECHMOUNT	Belfast	EHSSB
E013	WOODSTOCK	Belfast	EHSSB
E014	BLACKSTAFF	Belfast	EHSSB
E015	FALLS	Belfast	EHSSB
E016	DUNCAIRN	Belfast	EHSSB
E017	FORTWILLIAM	Belfast	EHSSB
E018	GLEN ROAD	Belfast	EHSSB
E019	GLEN ROAD	Belfast	EHSSB
E020	DUNCAIRN	Belfast	EHSSB
E021	GLEN ROAD	Belfast	EHSSB
E022	BLACKSTAFF	Belfast	EHSSB
E023	BELLEVUE	Belfast	EHSSB
E024	SHAFTESBURY	Belfast	EHSSB
E025	KNOCK	Belfast	EHSSB
E026	SYDENHAM	Belfast	EHSSB
E027	BELLEVUE	Belfast	EHSSB
E028	SYDENHAM	Belfast	EHSSB
E029	BALLYSILLAN	Belfast	EHSSB
E030	LADYBROOK	Belfast	EHSSB
E031	FORTWILLIAM	Belfast	EHSSB
E032	BELLEVUE	Belfast	EHSSB
E033	LADYBROOK	Belfast	EHSSB
E034	SYDENHAM	Belfast	EHSSB
E035	ORANGFIELD	Belfast	EHSSB
E036	CHERRYVALLEY	Belfast	EHSSB
E037	FINAGHY	Belfast	EHSSB
E038	CAVEHILL	Belfast	EHSSB
E039	ROSETTA	Belfast	EHSSB
E040	MALONE	Belfast	EHSSB
E041	BELMOUNT	Belfast	EHSSB
E042	BALLYHACKAMORE	Belfast	EHSSB
E043	STRANMILLIS	Belfast	EHSSB

Sample Point	Ward Name	Local Authority	Health Board
E044	STRANMILLIS	Belfast	EHSSB
E045	STRANMILLIS	Belfast	EHSSB
N046	KILLYCROT	Carrickfergus	NHSSB
N047	NORTHLAND	Carrickfergus	NHSSB
N048	GORTALEE	Carrickfergus	NHSSB
N049	KILLYCROT	Carrickfergus	NHSSB
N050	VICTORIA	Carrickfergus	NHSSB
N051	WOODBURN	Carrickfergus	NHSSB
N052	BONEYBEFORE	Carrickfergus	NHSSB
N053	EDEN	Carrickfergus	NHSSB
E067	TULLYCARNET	Castlereagh	EHSSB
E071	MINNOWBURN	Castlereagh	EHSSB
E074	CARROWREAGH	Castlereagh	EHSSB
E090	BEECHILL	Castlereagh	EHSSB
E091	WYNCHURCH	Castlereagh	EHSSB
E092	FOUR WINDS	Castlereagh	EHSSB
E094	KNOCKBRACKEN	Castlereagh	EHSSB
E095	WYNCHURCH	Castlereagh	EHSSB
E098	HILLFOOT	Castlereagh	EHSSB
N028	BALLYALLY	Coleraine	NHSSB
N029	CROSS GLEBE	Coleraine	NHSSB
N030	CHURCHLAND	Coleraine	NHSSB
N034	CASTLEROCK	Coleraine	NHSSB
N038	WATERSIDE	Coleraine	NHSSB
N040	CASTLEROCK	Coleraine	NHSSB
N041	PORTSTEWART	Coleraine	NHSSB
N042	THE CUTS	Coleraine	NHSSB
N044	STRAND	Coleraine	NHSSB
N045	PORTSTEWART	Coleraine	NHSSB
N057	OLDTOWN	Cookstown	NHSSB
N058	OLDTOWN	Cookstown	NHSSB
N062	SANDHOLES	Cookstown	NHSSB
N063	TULLAGH	Cookstown	NHSSB
S001	DRUMGASK	Craigavon	SHSSB
S002	CORCRAIN	Craigavon	SHSSB
S003	TAVANAGH	Craigavon	SHSSB
S004	TAVANAGH	Craigavon	SHSSB
S005	TAGHNEVAN	Craigavon	SHSSB
S006	THE BIRCHES	Craigavon	SHSSB
S009	PARKLAKE	Craigavon	SHSSB
S010	KILLYCOMAIN	Craigavon	SHSSB
S012	BROWNSTOWN	Craigavon	SHSSB
S014	BLEARY	Craigavon	SHSSB
S016	KNOCKNASHANE	Craigavon	SHSSB
S018	WARINGSTOWN	Craigavon	SHSSB
S019	BROWNSTOWN	Craigavon	SHSSB

Sample Point	Ward Name	Local Authority	Health Board
W001	BRANDYWELL	Derry	WHSSB
W002	CORRODY	Derry	WHSSB
W003	CREVAGH and SPRINGTOWN	Derry	WHSSB
W004	VICTORIA	Derry	WHSSB
W005	ST. PETER'S	Derry	WHSSB
W006	VICTORIA	Derry	WHSSB
W007	CREVAGH and SPRINGTOWN	Derry	WHSSB
W008	SHANTALLOW EAST	Derry	WHSSB
W015	BANAGHER	Derry	WHSSB
W017	NEW BUILDINGS	Derry	WHSSB
W019	FAUGHAN	Derry	WHSSB
W023	EGLINTON	Derry	WHSSB
W024	BALLYNASHALLOG	Derry	WHSSB
W027	ALTNAGELVIN	Derry	WHSSB
W028	BALLYNASHALLOG	Derry	WHSSB
E047	CATHEDRAL	Down	EHSSB
E051	DRUMANESS	Down	EHSSB
E052	DUNDRUM	Down	EHSSB
E053	KILLOUGH	Down	EHSSB
E059	SHIMNA	Down	EHSSB
E060	KILMORE	Down	EHSSB
E061	AUDLEYS ACRE	Down	EHSSB
S022	FIVEMILETOWN	Dungannon	SHSSB
S024	BALLYSAGGART	Dungannon	SHSSB
S027	COALISLAND SOUTH	Dungannon	SHSSB
S028	COALISLAND WEST and NEWMILLS	Dungannon	SHSSB
S030	DRUMGLASS	Dungannon	SHSSB
S033	FIVEMILETOWN	Dungannon	SHSSB
S035	BENBURB	Dungannon	SHSSB
S037	MOY	Dungannon	SHSSB
S044	KILLYMEAL	Dungannon	SHSSB
W031	IRVINESTOWN	Fermanagh	WHSSB
W035	KESH and LISNARRICK	Fermanagh	WHSSB
W036	ROSSORRY	Fermanagh	WHSSB
W038	LISBELLAW	Fermanagh	WHSSB
W039	CASTLECOOLE	Fermanagh	WHSSB
W040	TEMPO	Fermanagh	WHSSB
W041	LISBELLAW	Fermanagh	WHSSB
W042	CASTLECOOLE	Fermanagh	WHSSB
N005	CRAIGY HILL	Larne	NHSSB
N010	CARNLOUGH	Larne	NHSSB
N011	BLACKCAVE	Larne	NHSSB
N017	ANTIVILLE	Larne	NHSSB
N019	ISLAND MAGEE	Larne	NHSSB
N020	BALLYCARRY	Larne	NHSSB

Sample Point	Ward Name	Local Authority	Health Board
N022	GLYNN	Larne	NHSSB
W012	ENAGH	Limavady	WHSSB
W016	COOLESSAN	Limavady	WHSSB
W022	GLACK	Limavady	WHSSB
W025	ROESIDE	Limavady	WHSSB
W026	GRESTEEL	Limavady	WHSSB
E064	COLLIN GLEN	Lisburn	EHSSB
E065	TWINBROOK	Lisburn	EHSSB
E066	COLLIN GLEN	Lisburn	EHSSB
E068	HILLHALL	Lisburn	EHSSB
E070	KNOCKMORE	Lisburn	EHSSB
E072	TONAGH	Lisburn	EHSSB
E076	LISNAGARVY	Lisburn	EHSSB
E078	GLENAVY	Lisburn	EHSSB
E079	BALLYMACASH	Lisburn	EHSSB
E080	TONAGH	Lisburn	EHSSB
E081	MOIRA	Lisburn	EHSSB
E085	MAZE	Lisburn	EHSSB
E086	HILLHALL	Lisburn	EHSSB
N054	TOWN PARKS EAST	Magherafelt	NHSSB
N055	TOWN PARKS WEST	Magherafelt	NHSSB
N056	MAGHERA	Magherafelt	NHSSB
N059	TOBERMORE	Magherafelt	NHSSB
N060	TOWN PARKS WEST	Magherafelt	NHSSB
N061	UPPERLANDS	Magherafelt	NHSSB
N064	KNOCKCLOGHRIM	Magherafelt	NHSSB
N036	DUNSEVERICK	Moyle	NHSSB
N037	GLENAAN	Moyle	NHSSB
N043	BALLYLOUGH	Moyle	NHSSB
S021	LISNACREE	Newry and Mourne	SHSSB
S023	CROSSMAGLEN	Newry and Mourne	SHSSB
S025	DERRYMORE	Newry and Mourne	SHSSB
S026	SPELGA	Newry and Mourne	SHSSB
S029	MAYOBRIDGE	Newry and Mourne	SHSSB
S031	FORKHILL	Newry and Mourne	SHSSB
S036	LISNACREE	Newry and Mourne	SHSSB
S038	ROSTREVOR	Newry and Mourne	SHSSB
S039	BALLYCROSSAN	Newry and Mourne	SHSSB
S040	LISNACREE	Newry and Mourne	SHSSB
S042	BALLYCROSSAN	Newry and Mourne	SHSSB
S043	ANNALONG	Newry and Mourne	SHSSB
S045	BINNIAN	Newry and Mourne	SHSSB
E069	CONLIG	North Down	EHSSB
E073	SILVERSTREAM	North Down	EHSSB
E075	LOUGHVIEW	North Down	EHSSB
E077	CLANDEBOYE	North Down	EHSSB

Sample Point	Ward Name	Local Authority	Health Board
E082	CRAIGAVAD	North Down	EHSSB
E083	BROADWAY	North Down	EHSSB
E084	BANGOR CASTLE	North Down	EHSSB
E087	BROADWAY	North Down	EHSSB
E088	HOLYWOOD PRIORY	North Down	EHSSB
E089	LOUGHVIEW	North Down	EHSSB
E093	CLANDEBOYE	North Down	EHSSB
E096	BALLYMAGEE	North Down	EHSSB
E097	CRAIGAVAD	North Down	EHSSB
E099	CULTRA	North Down	EHSSB
W029	CAMOWEN	Omagh	WHSSB
W030	LISANELLY	Omagh	WHSSB
W032	LISANELLY	Omagh	WHSSB
W033	TRILLICK	Omagh	WHSSB
W034	GORTRUSH	Omagh	WHSSB
W037	TRILLICK	Omagh	WHSSB
W009	NEWTOWNSTEWART	Strabane	WHSSB
W010	EAST	Strabane	WHSSB
W011	SOUTH	Strabane	WHSSB
W013	VICTORIA BRIDGE	Strabane	WHSSB
W014	NORTH	Strabane	WHSSB
W018	VICTORIA BRIDGE	Strabane	WHSSB
W020	SOUTH	Strabane	WHSSB
W021	PLUMBRIDGE	Strabane	WHSSB

N.Cannabis Validation Text

*. VERSION 2.0 - 17/01/2005.

```
*****
**** VALIDATION / INTERNAL CONSISTENCY OF DATA - XDRUG6.SAV ****
*****

*****
***** CANNABIS *****
*****

*****
*****
*****
*****
```

**** CHECK A - IF YOU HAVE NEVER HEARD OF CANNABIS (Q24=2), SKIP ALL THE QUESTIONS.

TITLE 'COMPARE WITH Q24'.

* ///// Creates check variable (chk_q24), and set them all to 0 (Inconsistent data - check) ///// *.

```
COMPUTE chk_q24 = 0.
EXECUTE.
```

```
FORMAT chk_q24 (F2.0).
```

```
VARIABLE LABEL chk_q24 'Chk_q24 - If respondent has never heard of cannabis (Q24=2), skip all
questions (they must be sysmis)'.
```

```
VALUE LABELS chk_q24
0 'Inconsistent data - check'
1 'Pass'
2 'Missing data Q24 (-9 Blank)'
3 'Missing data Q24 (-1 DK)'
4 'Check not applicable (Q24 = 1)'.
```

* ///// Deal with all not applicables ///// *.

```
DO IF (Q24=-9) .
RECODE
  chk_q24 (0=2) .
    ELSE IF (Q24=-1) .
      RECODE
        chk_q24 (0=3).
          ELSE IF (Q24=1).
            RECODE
              chk_q24 (0=4).
END IF.
EXECUTE.
```

* ///// The main check ///// *.

```
DO IF ((Q24=2) AND (SYSMIS(Q25)) AND (SYSMIS(Q26)) AND (SYSMIS(Q27)) AND (SYSMIS(Q28))
AND (SYSMIS(Q29)) AND (SYSMIS(Q30)) AND (SYSMIS(Q31A)) AND (SYSMIS(Q31B)) AND
(SYSMIS(Q31C)) AND (SYSMIS(Q31D)) AND (SYSMIS(Q31E)) AND (SYSMIS(Q31F)) AND
(SYSMIS(Q31G)) AND (SYSMIS(Q31H)) AND (SYSMIS(Q31I)) AND (SYSMIS(Q32A)) AND
```

(SYSMIS(Q32B)) AND (SYSMIS(Q32C)) AND (SYSMIS(Q32D)) AND (SYSMIS(Q32E)) AND (SYSMIS(Q32F)) AND (SYSMIS(Q151A))).

RECODE

chk_q24 (0=1) .

END IF .

EXECUTE .

* ///// Show test results ///// *.

FREQUENCIES

VARIABLES=chk_q24

/ORDER= ANALYSIS .

```
*****
*****
*****
*****
```

*** CHECK B - IF YOU HAVE TAKEN CANNABIS (Q26=1), YOU MUST HAVE HEARD OF IT (Q24=1).

TITLE 'COMPARE WITH Q24, Q26'.

* ///// Creates check variable (chk_q26a), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chk_q26a = 0.

EXECUTE.

FORMAT chk_q26a (F2.0).

VARIABLE LABEL chk_q26a 'Chk_q26a - If respondent has taken cannabis (Q26), must have heard of cannabis (Q24)'.

VALUE LABELS chk_q26a

1 'Pass - Q26 =1 and Q24=1'

2 'Pass - Q26=2 and Q24=1'

3 'Missing data in either Q26 or Q24'

0 'Inconsistent data - check'

99 'Check not applicable (skipped from earlier question - Q24=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q24=2) .

RECODE

chk_q26a (0=99) .

END IF.

EXECUTE.

* ///// The actual check ///// *.

DO IF (Q26 = 1 AND Q24=1) .

RECODE

chk_q26a (0=1) .

ELSE IF (Q26 = 2 AND Q24=1) .

RECODE

chk_q26a (0=2) .

ELSE IF (Q24=-9 OR Q24 =-1).

RECODE

```

chk_q26a (0=3) .
  ELSE IF (Q26=-9 OR Q26=-1) .
    RECODE
      chk_q26a (0=3) .

END IF .
EXECUTE .

* //// Show test results //// *.

FREQUENCIES
  VARIABLES=chk_q26a
  /ORDER= ANALYSIS .

*****
*****
*****
*****

**** CHECK C - IF YOU HAVE NEVER TAKEN CANNABIS, SKIP REMAINING QUESTIONS.

TITLE 'COMPARE WITH Q24, Q26'.

* //// Creates check variable (chk_q26b), and set them all to 0 (Inconsistent data - check) //// *.

COMPUTE chk_q26b = 0.
EXECUTE.

FORMAT  chk_q26b (F2.0).

VARIABLE LABEL chk_q26b 'Chk_q26b - If respondent has never taken cannabis (Q26=2), skip
remaining questions (they must be sysmis)'.

VALUE LABELS chk_q26b
0 'Inconsistent data - check'
1 'Pass'
2 'Missing data Q26 (-9 Blank)'
3 'Missing data Q26 (-1 DK)'
4 'Check not applicable (Q26=1)'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'.

* //// Deal with not applicables from earlier questions (working backwards) //// *.

DO IF (Q26=-9) .
  RECODE
    chk_q26b (0=2) .
    ELSE IF (Q26=-1) .
      RECODE
        chk_q26b (0=3).
        ELSE IF (Q26=1).
          RECODE
            chk_q26b (0=4).

END IF.
EXECUTE.

```



```
DO IF (Q24=-9) .
RECODE
  chk_q26b (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q26b (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check ///// *.

```
DO IF ((Q26=2) AND (SYSMIS(Q27)) AND (SYSMIS(Q28)) AND (SYSMIS(Q29)) AND (SYSMIS(Q30))
AND (SYSMIS(Q31A)) AND (SYSMIS(Q31B)) AND (SYSMIS(Q31C)) AND (SYSMIS(Q31D)) AND
(SYSMIS(Q31E)) AND (SYSMIS(Q31F)) AND (SYSMIS(Q31G)) AND (SYSMIS(Q31H)) AND
(SYSMIS(Q31I)) AND (SYSMIS(Q32A)) AND (SYSMIS(Q32B)) AND (SYSMIS(Q32C)) AND
(SYSMIS(Q32D)) AND (SYSMIS(Q32E)) AND (SYSMIS(Q32F)) AND (SYSMIS(Q133)) AND
(SYSMIS(Q134)) AND (SYSMIS(Q135)) AND (SYSMIS(Q136A)) AND (SYSMIS(Q136B)) AND
(SYSMIS(Q136C)) AND (SYSMIS(Q136D)) AND (SYSMIS(Q136E)) AND (SYSMIS(Q136F)) AND
(SYSMIS(Q136G)) AND (SYSMIS(Q136H)) AND (SYSMIS(Q136I)) AND (SYSMIS(Q136J)) AND
(SYSMIS(Q136K)) AND (SYSMIS(Q136L)) AND (SYSMIS(Q136M)) AND (SYSMIS(Q136N)) AND
(SYSMIS(Q151A))).
RECODE
  chk_q26b (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=chk_q26b
/ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK D - IF YOU HAVE TAKEN CANNABIS (Q26=1), Q27 MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q27'.

* ///// Creates check variable (chk_q27a), and set them all to 0 (Inconsistent data - check) ///// *.

```
COMPUTE chk_q27a = 0.
EXECUTE.
```

```
FORMAT  chk_q27a (F3.0).
```

```
VARIABLE LABEL chk_q27a 'Chk_q27a - If respondent has taken cannabis (Q26=1), age first taken must
be answered (Q27)'.
```

```
VALUE LABELS chk_q27a
```

3 'Missing data Q27 (-1 DK)'
 2 'Missing data Q27 (-9 Blank)'
 1 'Pass'
 0 'Inconsistent data - check'
 88 'Check n/a (skipped from earlier question - Q24=Missing)'
 99 'Check not applicable (skipped from earlier question - Q24=2)'
 888 'Check n/a (skipped from earlier question - Q26=Missing)'
 999 'Check not applicable (skipped from earlier question - Q26=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q24=-9) .
RECODE
  chk_q27a (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q27a (0=99) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q27a (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q27a (0=999) .
END IF.
EXECUTE.
```

* ///// The actual check (check the age first taken variable Q27 actually contains an answer) ///// *.

```
DO IF (Q27=-9) .
RECODE
  chk_q27a (0=2) .
  ELSE IF (Q27=-1) .
  RECODE
    chk_q27a (0=3) .
    ELSE IF ((~SYSMIS(Q27)) AND Q26=1).
    RECODE
      chk_q27a (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
VARIABLES=chk_q27a
/ORDER= ANALYSIS .
```

```

*****
*****
*****
*****

```

* ///// Creates check variable (chk_q27b), and set them all to 0 (Inconsistent data - check) ///// *.

**** CHECK E - IF EVER TAKEN CANNABIS AGE FIRST TAKEN CANNABIS MUST BE LESS THAN OR EQUAL TO EXACT AGE.

TITLE 'COMPARE WITH Q24, Q26, Q27, AGE'.

* ///// Creates check variable (chk_q27b), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chk_q27b = 0.
EXECUTE.

FORMAT chk_q27b (F3.0).

VARIABLE LABEL chk_q27b 'Chk_q27b - If respondent has ever taken cannabis (Q26=1), Age first taken cannabis (Q27) must be less than or equal to exact age (AGE)'.

VALUE LABELS chk_q27b
 1 'Pass - Age taken regularly less than or equal to exact age'
 2 'Missing data Q27 - Age first taken dont know (-1)'
 3 'Missing data Q27 - Age first taken regularly (-9)'
 4 'Missing data Age - Exact age dont know (-1)'
 5 'Missing data Age - Exact age (-9)'
 0 'Age first taken is greater than exact age'
 88 'Check n/a (skipped from earlier question - Q24=Missing)'
 99 'Check not applicable (skipped from earlier question - Q24=2)'
 888 'Check n/a (skipped from earlier question - Q26=Missing)'
 999 'Check not applicable (skipped from earlier question - Q26=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q24=-9) .
 RECODE
 chk_q27b (0=88) .
 END IF.
 EXECUTE.

DO IF (Q24=2) .
 RECODE
 chk_q27b (0=99) .
 END IF.
 EXECUTE.

DO IF (Q26=-9) .
 RECODE
 chk_q27b (0=888) .
 END IF.
 EXECUTE.

```
DO IF (Q26=2) .
RECODE
  chk_q27b (0=999) .
END IF.
EXECUTE.
```

* ///// Deals with dont knows and missings ///// *.

```
DO IF (Q27 = -1).
RECODE
  chk_q27b (0=2) .
    ELSE IF (Q27 = -9) .
      RECODE
        chk_q27b (0 = 3) .
END IF .
EXECUTE .
```

```
DO IF (AGE = -1).
RECODE
  chk_q27b (0=4) .
    ELSE IF (AGE = -9) .
      RECODE
        chk_q27b (0 = 5) .
END IF .
EXECUTE .
```

* ///// The actual check ///// *.

```
DO IF (Q26=1 AND (Q27 <= AGE)).
RECODE
  chk_q27b (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=chk_q27b
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK F - IF YOU HAVE NOT TAKEN CANNABIS IN THE PAST 12 MONTHS, SKIP REMAINING QUESTIONS.

TITLE 'COMPARE WITH Q24, Q26, Q28'.

* ///// Creates check variable (chk_q28a), and set them all to 0 (Inconsistent data - check) ///// *.

```
COMPUTE chk_q28a = 0.
EXECUTE.
```

```
FORMAT chk_q28a (F3.0).
```

```
VARIABLE LABEL chk_q28a 'chk_q28a - If respondent has not taken cannabis in the past 12 months
(Q28=2), skip remaining questions (they must be sysmis)'.
```

```
VALUE LABELS chk_q28a
```

```
0 'Inconsistent data - check'
```

```
1 'Pass'
```

```
2 'Missing data Q28 (-9 Blank)'
```

```
3 'Missing data Q28 (-1 DK)'
```

```
4 'Check not applicable (Q28=1)'
```

```
88 'Check n/a (skipped from earlier question - Q24=Missing)'
```

```
99 'Check not applicable (skipped from earlier question - Q24=2)'
```

```
888 'Check n/a (skipped from earlier question - Q26=Missing)'
```

```
999 'Check not applicable (skipped from earlier question - Q26=2)'.
```

```
* ///// Deal with all not applicables (working backwards) ///// *.
```

```
DO IF (Q28=-9) .
```

```
RECODE
```

```
chk_q28a (0=2) .
```

```
ELSE IF (Q28=-1) .
```

```
RECODE
```

```
chk_q28a (0=3).
```

```
ELSE IF (Q28=1).
```

```
RECODE
```

```
chk_q28a (0=4).
```

```
END IF.
```

```
EXECUTE.
```

```
DO IF (Q24=-9) .
```

```
RECODE
```

```
chk_q28a (0=88) .
```

```
END IF.
```

```
EXECUTE.
```

```
DO IF (Q26=2) .
```

```
RECODE
```

```
chk_q28a (0=999) .
```

```
END IF.
```

```
EXECUTE.
```

```
DO IF (Q26=-9) .
```

```
RECODE
```

```
chk_q28a (0=888) .
```

```
END IF.
```

```
EXECUTE.
```

```
DO IF (Q24=2) .
```

```
RECODE
```

```
chk_q28a (0=99) .
```

```
END IF.
```

```
EXECUTE.
```

* ///// The actual check ///// *.

DO IF ((Q28=2) AND (SYSMIS(Q29)) AND (SYSMIS(Q30)) AND (SYSMIS(Q31A)) AND (SYSMIS(Q31B))
AND (SYSMIS(Q31C)) AND (SYSMIS(Q31D)) AND (SYSMIS(Q31E)) AND (SYSMIS(Q31F)) AND
(SYSMIS(Q31G)) AND (SYSMIS(Q31H)) AND (SYSMIS(Q31I)) AND (SYSMIS(Q32A)) AND
(SYSMIS(Q32B)) AND (SYSMIS(Q32C)) AND (SYSMIS(Q32D)) AND (SYSMIS(Q32E)) AND
(SYSMIS(Q32F)) AND (SYSMIS(Q151A))).

RECODE

chk_q28a (0=1) .

END IF .

EXECUTE .

* ///// Show test results ///// *.

FREQUENCIES

VARIABLES=chk_q28a

/ORDER= ANALYSIS .

```
*****
*****
*****
*****
*****
```

**** CHECK G - IF YOU HAVE TAKEN CANNABIS IN THE PAST 12 MONTHS, QUESTIONS MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q28'.

* ///// Creates check variable (chk_q28b), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chk_q28b = 0.

EXECUTE.

FORMAT chk_q28b (F3.0).

VARIABLE LABEL chk_q28b 'Chk_q28b - If respondent has taken cannabis in the past 12 months (Q28=1), subsequent questions must be answered (not sysmis)'.

VALUE LABELS chk_q28b

0 'Inconsistent data - check'

1 'Pass'

2 'Missing data Q28 (-9 Blank)'

3 'Missing data Q28 (-1 DK)'

4 'Check not applicable (Q28=2)'

88 'Check n/a (skipped from earlier question - Q24=Missing)'

99 'Check not applicable (skipped from earlier question - Q24=2)'

888 'Check n/a (skipped from earlier question - Q26=Missing)'

999 'Check not applicable (skipped from earlier question - Q26=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q28=-9) .

RECODE

chk_q28b (0=2) .

ELSE IF (Q28=-1) .

RECODE

```

      chk_q28b (0=3).
      ELSE IF (Q28=2).
      RECODE
      chk_q28b (0=4).
END IF.
EXECUTE.

```

```

DO IF (Q26=-9) .
RECODE
  chk_q28b (0=888) .
END IF.
EXECUTE.

```

```

DO IF (Q26=2) .
RECODE
  chk_q28b (0=999) .
END IF.
EXECUTE.

```

```

DO IF (Q24=-9) .
RECODE
  chk_q28b (0=888) .
END IF.
EXECUTE.

```

```

DO IF (Q24=2) .
RECODE
  chk_q28b (0=99) .
END IF.
EXECUTE.

```

* ///// The actual check ///// *.

```

DO IF ((Q28=1) AND (~SYSMIS(Q149A)) AND (~SYSMIS(Q149B)) AND (~SYSMIS(Q149C)) AND
(~SYSMIS(Q149D)) AND (~SYSMIS(Q149E)) AND (~SYSMIS(Q149F)) AND (~SYSMIS(Q149G)) AND
(~SYSMIS(Q150A)) AND (~SYSMIS(Q150B)) AND (~SYSMIS(Q150C)) AND (~SYSMIS(Q150D)) AND
(~SYSMIS(Q150E)) AND (~SYSMIS(Q150F)) AND (~SYSMIS(Q150G)) AND (~SYSMIS(Q150H)) AND
(~SYSMIS(Q150I)) AND (~SYSMIS(Q151A))).
RECODE
  chk_q28b (0=1) .
END IF .
EXECUTE .

```

* ///// Show test results ///// *.

```

FREQUENCIES
  VARIABLES=chk_q28b
  /ORDER= ANALYSIS .

```

```

*****
*****
*****
*****

```

**** CHECK H - IF YOU HAVE TAKEN CANNABIS IN THE PAST 30 DAYS, YOU MUST HAVE TAKEN IN THE PAST 12 MONTHS.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q29'.

* ///// Creates check variable (chk_q29a), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chk_q29a = 0.
EXECUTE.

FORMAT chk_q29a (F4.0).

VARIABLE LABEL chk_q29a 'Chk_q29a - If taken cannabis in past 30 days (Q29=1), must have taken in past 12 months (Q28=1)'.

VALUE LABELS chk_q29a

1 'Pass - Q28=1 + Q29=1'

2 'Pass - Q28=1 + Q29=2'

3 'Missing data - Q28 = -9'

4 'Missing data - Q29 = -9'

0 'Inconsistent data - check'

88 'Check n/a (skipped from earlier question - Q24=Missing)'

99 'Check not applicable (skipped from earlier question - Q24=2)'

888 'Check n/a (skipped from earlier question - Q26=Missing)'

999 'Check not applicable (skipped from earlier question - Q26=2)'

8888 'Check n/a (skipped from earlier question - Q28=Missing)'

9999 'Check not applicable (skipped from earlier question - Q28=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q28=-9) .
RECODE
chk_q29a (0=8888) .
END IF.
EXECUTE.

DO IF (Q28=2) .
RECODE
chk_q29a (0=9999) .
END IF.
EXECUTE.

DO IF (Q26=-9) .
RECODE
chk_q29a (0=888) .
END IF.
EXECUTE.

DO IF (Q26=2) .
RECODE
chk_q29a (0=999) .
END IF.
EXECUTE.

DO IF (Q24=-9) .
RECODE
chk_q29a (0=88) .


```
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q29a (0=99) .
END IF.
EXECUTE.
```

```
* ///// The actual check ///// *.
```

```
DO IF (Q29=1 AND Q28=1).
RECODE
  chk_q29a (0=1) .
    ELSE IF (Q29=2 AND Q28=1).
    RECODE
      chk_q29a (0=2) .
        ELSE IF (Q28=-9) .
        RECODE
          chk_q29a (0=3) .
            ELSE IF (Q29=-9) .
            RECODE
              chk_q29a (0=4) .
END IF .
EXECUTE .
```

```
* ///// Show test results ///// *.
```

```
FREQUENCIES
  VARIABLES=chk_q29a
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
*****
```

**** CHECK I - IF YOU HAVE NOT TAKEN CANNABIS IN THE PAST 30 DAYS, SKIP REMAINING QUESTIONS.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q29'.

```
* ///// Creates check variable (chk_q29b), and set them all to 0 (Inconsistent data - check) ///// *.
```

```
COMPUTE chk_q29b = 0.
EXECUTE.
```

```
FORMAT chk_q29b (F4.0).
```

```
VARIABLE LABEL chk_q29b 'Chk_q29b - If respondent has not taken cannabis in the past 30 days
(Q29=2), skip remaining questions (they must be sysmis)'.
```

```
VALUE LABELS chk_q29b
0 'Inconsistent data - check'
1 'Pass'
```

2 'Missing data Q29 (-9 Blank)'
 3 'Missing data Q29 (-1 DK)'
 4 'Check not applicable (Q29=1)'
 88 'Check n/a (skipped from earlier question - Q24=Missing)'
 99 'Check not applicable (skipped from earlier question - Q24=2)'
 888 'Check n/a (skipped from earlier question - Q26=Missing)'
 999 'Check not applicable (skipped from earlier question - Q26=2)'
 8888 'Check n/a (skipped from earlier question - Q54=Missing)'
 9999 'Check not applicable (skipped from earlier question - Q28=2)'.

///// Deal with all not applicables (working backwards) ///// *.

```
DO IF (Q29=-9) .
RECODE
  chk_q29b (0=2) .
    ELSE IF (Q29=-1) .
    RECODE
      chk_q29b (0=3).
        ELSE IF (Q29=1).
        RECODE
          chk_q29b (0=4).
END IF.
EXECUTE.
```

```
DO IF (Q28=-9) .
RECODE
  chk_q29b (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chk_q29b (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q29b (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q29b (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q29b (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
```

```
chk_q29b (0=99) .
END IF.
EXECUTE.
```

```
* ///// The actual check ///// *.
```

```
DO IF ((Q29=2) AND (SYSMIS(Q30)) AND (SYSMIS(Q31A)) AND (SYSMIS(Q31B)) AND
(SYSMIS(Q31C)) AND (SYSMIS(Q31D)) AND (SYSMIS(Q31E)) AND (SYSMIS(Q31F)) AND
(SYSMIS(Q31G)) AND (SYSMIS(Q31H)) AND (SYSMIS(Q31I)) AND (SYSMIS(Q32A)) AND
(SYSMIS(Q32B)) AND (SYSMIS(Q32C)) AND (SYSMIS(Q32D)) AND (SYSMIS(Q32E)) AND
(SYSMIS(Q32F))).
RECODE
chk_q29b (0=1) .
END IF .
EXECUTE .
```

```
* ///// Show test results ///// *.
```

```
FREQUENCIES
VARIABLES=chk_q29b
/ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK J - IF YOU HAVE TAKEN CANNABIS IN PAST 30 DAYS, HOW MANY DAYS TAKEN MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q29, Q30'.

```
* ///// Creates check variable (chk_q30a), and set them all to 0 (Inconsistent data - check) ///// *.
```

```
COMPUTE chk_q30a = 0.
EXECUTE.
```

```
FORMAT chk_q30a (F5.0).
```

VARIABLE LABEL chk_q30a 'Chk_q30a - If respondent has taken cannabis in the past 30 days (Q29=1) number of days taken (Q30) must be answered'.

```
VALUE LABELS chk_q30a
3 'Missing data Q30 (-1 DK)'
2 'Missing data Q30 (-9 Blank)'
1 'Pass'
0 'Inconsistent data - check'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
8888 'Check n/a (skipped from earlier question - Q28=Missing)'
9999 'Check not applicable (skipped from earlier question - Q28=2)'
88888 'Check n/a (skipped from earlier question - Q29=Missing)'
99999 'Check not applicable (skipped from earlier question - Q29=2)'.
```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q29=-9) .
RECODE
  chk_q30a (0=88888) .
END IF.
EXECUTE.
```

```
DO IF (Q29=2) .
RECODE
  chk_q30a (0=99999) .
END IF.
EXECUTE.
```

```
DO IF (Q28=-9) .
RECODE
  chk_q30a (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chk_q30a (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q30a (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q30a (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q30a (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q30a (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check (check the age first taken variable Q30 actually contains an answer) ///// *.

```
DO IF (Q30=-9) .
RECODE
  chk_q30a (0=2) .
  ELSE IF (Q30=-1) .
```

```

RECODE
  chk_q30a (0=3) .
  ELSE IF ((~SYSMIS(Q30)) AND Q29=1).
  RECODE
    chk_q30a (0=1) .
END IF .
EXECUTE .

```

* ///// Show test results ///// *.

```

FREQUENCIES
  VARIABLES=chk_q30a
  /ORDER= ANALYSIS .

```

```

*****
*****
*****
*****

```

**** CHECK K - IF TAKEN CANNABIS WITHIN THE PAST 30 DAYS, NUMBER OF DAYS TAKEN MUST BE BETWEEN 1 AND 30.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q29, Q30'.

* ///// Creates check variable (chk_q30b), and set them all to 0 (Inconsistent data - check) ///// *.

```

COMPUTE chk_q30b = 0.
EXECUTE.

```

FORMAT chk_q30b (F5.0).

VARIABLE LABEL chk_q30b 'Chk_q30b - If respondent has taken cannabis within the past 30 days (Q29=1), number of days taken (Q30) must be between 1 and 30'.

```

VALUE LABELS chk_q30b
1 'Pass'
2 'Missing data Q30 (-1 DK)'
3 'Missing data Q30 (-9 Blank)'
4 'Inconsistent data - check - Q30 less than 1'
5 'Inconsistent data - check - Q30 greater than 30'
0 'Inconsistent data - check'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
8888 'Check n/a (skipped from earlier question - Q28=Missing)'
9999 'Check not applicable (skipped from earlier question - Q28=2)'
88888 'Check n/a (skipped from earlier question - Q24=Missing)'
99999 'Check not applicable (skipped from earlier question - Q29=2)'.

```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q29=-9) .

```

RECODE
  chk_q30b (0=88888) .
END IF.
EXECUTE.

```

```

DO IF (Q29=2) .
RECODE
  chk_q30b (0=99999) .
END IF.
EXECUTE.

```

```

DO IF (Q28=-9) .
RECODE
  chk_q30b (0=8888) .
END IF.
EXECUTE.

```

```

DO IF (Q28=2) .
RECODE
  chk_q30b (0=9999) .
END IF.
EXECUTE.

```

```

DO IF (Q26=-9) .
RECODE
  chk_q30b (0=888) .
END IF.
EXECUTE.

```

```

DO IF (Q26=2) .
RECODE
  chk_q30b (0=999) .
END IF.
EXECUTE.

```

```

DO IF (Q24=-9) .
RECODE
  chk_q30b (0=88) .
END IF.
EXECUTE.

```

```

DO IF (Q24=2) .
RECODE
  chk_q30b (0=99) .
END IF.
EXECUTE.

```

* ///// The actual check ///// *.

```

DO IF (Q30 = -9).
RECODE
  chk_q30b (0=3) .
  ELSE IF (Q29=1 AND (Q30 >= 1 AND Q30 <=30)).
  RECODE
    chk_q30b (0=1) .
    ELSE IF (Q29=1 AND (Q30 < 1 AND Q30 ~= -1)).
    RECODE
      chk_q30b (0=4) .

```

```

ELSE IF (Q29=1 AND (Q30 > 30)).
RECODE
  chk_q30b (0=5) .
  ELSE IF (Q30 = -1).
  RECODE
    chk_q30b (0=2) .
END IF .
EXECUTE .

```

* ///// Show test results ///// *.

```

FREQUENCIES
  VARIABLES=chk_q30b
  /ORDER= ANALYSIS .

```

```

*****
*****
*****
*****

```

**** CHECK L - IF USED CANNABIS IN PAST 30 DAYS, MULTICODE VARIABLES (TYPE) MUST CONTAIN AT LEAST ONE ANSWER.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q29, Q31'.

* ///// Creates check variable (chk_q31), and set them all to 0 (Inconsistent data - check) ///// *.

```

COMPUTE chk_q31 = 0.
EXECUTE.

```

```

FORMAT  chk_q31 (F6.0).

```

VARIABLE LABEL chk_q31 'Chk_q31 - MC variables TYPE (Q31) most commonly used must contain at least one answer'.

```

VALUE LABELS chk_q31
  1 'Pass - at least one multicode selected'
  0 'Inconsistent data - check - No variables set to 1'
  2 'Missing data - all variables Q31'
  88 'Check n/a (skipped from earlier question - Q24=Missing)'
  99 'Check not applicable (skipped from earlier question - Q24=2)'
  888 'Check n/a (skipped from earlier question - Q26=Missing)'
  999 'Check not applicable (skipped from earlier question - Q26=2)'
  8888 'Check n/a (skipped from earlier question - Q28=Missing)'
  9999 'Check not applicable (skipped from earlier question - Q28=2)'
  88888 'Check n/a (skipped from earlier question - Q29=Missing)'
  99999 'Check not applicable (skipped from earlier question - Q29=2)'.

```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```

DO IF (Q29=-9) .
RECODE
  chk_q31 (0=88888) .
END IF.

```

EXECUTE.

```
DO IF (Q29=2) .
RECODE
  chk_q31 (0=99999) .
END IF.
EXECUTE.
```

```
DO IF (Q28=-9) .
RECODE
  chk_q31 (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chk_q31 (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q31 (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q31 (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q31 (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q31 (0=99) .
END IF.
EXECUTE.
```

* ///// Count number of answers given ///// *.

```
COUNT
  cnt_q31 = Q31A Q31B Q31C Q31D Q31E Q31F Q31G Q31H Q31I (1) .
EXECUTE .
```

```
FORMAT cnt_q31 (F2.0).
```

```
VARIABLE LABEL cnt_q31 'Count across Q31 - number of codes selected'.
```

* ///// Deal with missing values in MC question ///// *.

```
DO IF (Q31A = -9 AND Q31B = -9 AND Q31C = -9 AND Q31D = -9 AND Q31E = -9 AND Q31F = -9 AND
```



```

Q31G = -9 AND Q31H = -9 AND Q31I = -9 ).
RECODE
  chk_q31 (0=2) .
END IF .
EXECUTE .

```

* ///// Do the actual check ///// *.

```

DO IF (Q29 =1 AND cnt_q31 >= 1).
RECODE
  chk_q31 (0=1) .
END IF .
EXECUTE .

```

* ///// Show test results ///// *.

```

FREQUENCIES
  VARIABLES=cnt_q31 chk_q31
  /ORDER= ANALYSIS .

```

```

*****
*****
*****
*****

```

*** CHECK M - MULTICODE VARIABLES (METHOD USED) MUST CONTAIN AT LEAST ONE ANSWER.

TITLE 'COMPARE WITH Q24, Q26, Q27, Q28, Q29, Q32'.

* ///// Creates check variable (chk_q32a), and set them all to 0 (Inconsistent data - check) ///// *.

```

COMPUTE chk_q32 = 0.
EXECUTE.

```

FORMAT chk_q32 (F5.0).

VARIABLE LABEL chk_q32 'Chk_q32 - MC variables METHOD (Q32) most commonly used must contain at least one answer'.

```

VALUE LABELS chk_q32
  1 'Pass - at least one multicode selected'
  0 'Inconsistent data - check - No variables set to 1'
  2 'Missing data - all variables Q32'
  88 'Check n/a (skipped from earlier question - Q24=Missing)'
  99 'Check not applicable (skipped from earlier question - Q24=2)'
  888 'Check n/a (skipped from earlier question - Q26=Missing)'
  999 'Check not applicable (skipped from earlier question - Q26=2)'
  8888 'Check n/a (skipped from earlier question - Q28=Missing)'
  9999 'Check not applicable (skipped from earlier question - Q28=2)'
  88888 'Check n/a (skipped from earlier question - Q29=Missing)'
  99999 'Check not applicable (skipped from earlier question - Q29=2)'.

```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q29=-9) .
RECODE
  chk_q32 (0=88888) .
END IF.
EXECUTE.
```

```
DO IF (Q29=2) .
RECODE
  chk_q32 (0=99999) .
END IF.
EXECUTE.
```

```
DO IF (Q28=-9) .
RECODE
  chk_q32 (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chk_q32 (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q32 (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q32 (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q32 (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q32 (0=99) .
END IF.
EXECUTE.
```

* ///// Count number of answers given ///// *.

```
COUNT
  cnt_q32 = Q32A Q32B Q32C Q32D Q32E Q32F (1) .
EXECUTE .
```

```
FORMAT cnt_q32 (F2.0).
```

```
VARIABLE LABEL cnt_q32 'Count across q32 - number of codes selected'.
```

* ///// Deal with missing values in MC question ///// *.

```
DO IF (Q32A = -9 AND Q32B = -9 AND Q32C = -9 AND Q32D = -9 AND Q32E = -9 AND Q32F = -9).
RECODE
  chk_q32 (0=2) .
END IF .
EXECUTE .
```

* ///// Do the actual check ///// *.

```
DO IF (Q29=1 AND cnt_q32 >= 1).
RECODE
  chk_q32 (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=cnt_q32 chk_q32
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

**** CHECK N - EVER TAKEN CANNABIS - EVER TAKEN REGULARLY MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q133, Q134, AGE'.

* ///// Creates check variable (chk_q133a), and set them all to 0 (Inconsistent data - check) ///// *.

```
COMPUTE chk_q133a = 0.
EXECUTE.
```

```
FORMAT  chk_q133a (F3.0).
```

VARIABLE LABEL chk_q133a 'Chk_q133a - If respondent has ever taken cannabis (Q26), ask have they ever taken cannabis regularly (Q133)'.

```
VALUE LABELS chk_q133a
  1 'Pass - Q133 = Yes (and Q26=1)'
  2 'Pass - Q133 = No (and Q26=2)'
  3 'Missing data Q133'
  4 'Missing data Q134'
  0 'Inconsistent data - check'
  88 'Check n/a (skipped from earlier question - Q24=Missing)'
  99 'Check not applicable (skipped from earlier question - Q24=2)'
  888 'Check n/a (skipped from earlier question - Q26=Missing)'
  999 'Check not applicable (skipped from earlier question - Q26=2)'.
```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q26=-9) .
RECODE
  chk_q133a (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q133a (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q133a (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q133a (0=99) .
END IF.
EXECUTE.
```

* ///// Do the actual check ///// *.

```
DO IF (Q26 = 1 AND Q133=1).
RECODE
  chk_q133a (0=1) .
  ELSE IF (Q26 =1 AND Q133=2) .
    RECODE
      chk_q133a (0=2) .
      ELSE IF (Q133=-9 OR Q133=-1) .
        RECODE
          chk_q133a (0=3).
          ELSE IF (Q134=-9 OR Q134=-1) .
            RECODE
              chk_q133a (0=4).
END IF .
EXECUTE
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=chk_q133a
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK O - IF IF EVER TAKEN CANNABIS REGULARLY, AGE STARTED TAKING REGULARLY MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q27, Q133, 134'.

* ///// Creates check variable (chkq133b), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chkq133b = 0.
EXECUTE.

FORMAT chkq133b (F3.0).

VARIABLE LABEL chkq133b 'Chkq133b - If respondent has taken cannabis regularly (Q133=1), age started taking cannabis regularly must be answered (Q134)'.

VALUE LABELS chkq133b

1 'Pass'
2 'Missing data Q133 (-9 Blank)'
3 'Missing data Q133 (-1 DK)'
4 'Missing data Q134 (-9 Blank)'
5 'Missing data Q134 (-1 DK)'
0 'Inconsistent data - check'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
8888 'Check n/a (skipped from earlier question - Q133=Missing)'
9999 'Check not n/a (skipped from earlier question - Q133=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

DO IF (Q133=-9) .
RECODE
chkq133b (0=8888) .
END IF.
EXECUTE.

DO IF (Q133=2) .
RECODE
chkq133b (0=9999) .
END IF.
EXECUTE.

DO IF (Q26=-9) .
RECODE
chkq133b (0=888) .
END IF.
EXECUTE.

DO IF (Q26=2) .
RECODE
chkq133b (0=999) .
END IF.
EXECUTE.

DO IF (Q24=-9) .
RECODE
chkq133b (0=88) .
END IF.
EXECUTE.

```
DO IF (Q24=2) .
RECODE
  chkq133b (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check (check the age first taken variable Q134 actually contains an answer) ///// *.

```
DO IF (Q133=-9) .
RECODE
  chkq133b (0=2) .
    ELSE IF (Q133=-1) .
      RECODE
        chkq133b (0=3) .
          ELSE IF (Q134=-9) .
            RECODE
              chkq133b (0=4) .
                ELSE IF (Q134=-1) .
                  RECODE
                    chkq133b (0=5) .
          ELSE IF ((~SYSMIS(Q134)) AND Q133=1).
            RECODE
              chkq133b (0=1) .
        END IF.
      EXECUTE.
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=chkq133b
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

**** CHECK P - IF YOU HAVE NOT TAKEN CANNABIS IN THE PAST 30 DAYS, SKIP REMAINING QUESTIONS.

TITLE 'COMPARE WITH Q24, Q26, Q27, Q133, 134'.

* ///// Creates check variable (chk_q133c), and set them all to 0 (Inconsistent data - check) ///// *.

```
COMPUTE chk_q133c = 0.
EXECUTE.
```

```
FORMAT chk_q133c (F3.0).
```

```
VARIABLE LABEL chk_q133c 'Chk_q133c - If respondent has not taken cannabis regularly (Q133=2),
skip remaining questions (they must be sysmis)'.
```

```
VALUE LABELS chk_q133c
0 'Inconsistent data - check'
```

1 'Pass'
 2 'Missing data Q133 (-9 Blank)'
 3 'Missing data Q133 (-1 DK)'
 4 'Check not applicable (Q133=1)'
 88 'Check n/a (skipped from earlier question - Q24=Missing)'
 99 'Check not applicable (skipped from earlier question - Q24=2)'
 888 'Check n/a (skipped from earlier question - Q26=Missing)'
 999 'Check not applicable (skipped from earlier question - Q26=2)'.

* ///// Deal with all not applicables (working backwards) ///// *.

```
DO IF (Q133=-9) .
RECODE
  chk_q133c (0=2) .
    ELSE IF (Q133=-1) .
    RECODE
      chk_q133c (0=3).
        ELSE IF (Q133=1).
        RECODE
          chk_q133c (0=4).
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q133c (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q133c (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q133c (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q133c (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check ///// *.

```
DO IF ((Q133=2) AND (SYSMIS(Q134)) AND (SYSMIS(Q135)) AND (SYSMIS(Q136A)) AND
(SYSMIS(Q136B)) AND (SYSMIS(Q136C)) AND (SYSMIS(Q136D)) AND (SYSMIS(Q136E)) AND
(SYSMIS(Q136F)) AND (SYSMIS(Q136G)) AND (SYSMIS(Q136H)) AND (SYSMIS(Q136I)) AND
(SYSMIS(Q136J)) AND (SYSMIS(Q136K)) AND (SYSMIS(Q136L)) AND (SYSMIS(Q136M)) AND
(SYSMIS(Q136N))).
RECODE
  chk_q133c (0=1) .
```

```
END IF .
EXECUTE .
```

```
* ///// Show test results ///// *.
```

```
FREQUENCIES
  VARIABLES=chk_q133c
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

```
**** CHECK Q - IF EVER TAKEN CANNABIS REGULARLY AGE STARTED TAKING REGULARLY
MUST BE LESS THAN OR EQUAL TO EXACT AGE.
```

```
TITLE 'COMPARE WITH Q24, Q26, Q133, Q134, AGE'.
```

```
* ///// Creates check variable (chkq134a), and set them all to 0 (Inconsistent data - check) ///// *.
```

```
COMPUTE chkq134a = 0.
EXECUTE.
```

```
FORMAT  chkq134a (F9.0).
```

```
VARIABLE LABEL chkq134a 'Chkq134a - If respondent has ever taken cannabis (Q133=1), age started
taking cannabis regularly (Q134) must less than or equal to exact age (AGE)'.
```

```
VALUE LABELS chkq134a
  1 'Pass - Age taking regularly less than exact age'
  2 'Missing data - Q134 (-1 DK)'
  3 'Missing data - Q134 (-9 Blank)'
  4 'Missing data - AGE (-1 DK)'
  5 'Missing data - AGE (-9 Blank)'
  0 'Age first taken is greater than exact age'
  88 'Check n/a (skipped from earlier question - Q24=Missing)'
  99 'Check not applicable (skipped from earlier question - Q24=2)'
  888 'Check n/a (skipped from earlier question - Q26=Missing)'
  999 'Check not applicable (skipped from earlier question - Q26=2)'
  888888 'Check n/a (skipped from earlier question - Q133=Missing)'
  999999 'Check not applicable (skipped from earlier quest - Q133=2)'.
```

```
* ///// Deal with not applicables from earlier questions (working backwards) ///// *.
```

```
DO IF (Q133=-9) .
  RECODE
    chkq134a (0=888888) .
  END IF.
EXECUTE.
```

```
DO IF (Q133=2) .
  RECODE
    chkq134a (0=999999) .
  END IF.
```


EXECUTE.

```
DO IF (Q26=-9) .
RECODE
  chkq134a (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chkq134a (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chkq134a (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chkq134a (0=99) .
END IF.
EXECUTE.
```

* ///// Deals with dont knows and missings ///// *.

```
DO IF (Q134 = -1).
RECODE
  chkq134a (0=2) .
    ELSE IF (Q134 = -9) .
      RECODE
        chkq134a (0 = 3) .
END IF .
EXECUTE .
```

```
DO IF (AGE = -1).
RECODE
  chkq134a (0=4) .
    ELSE IF (AGE = -9) .
      RECODE
        chkq134a (0 = 5) .
END IF .
EXECUTE .
```

* ///// The actual check ///// *.

```
DO IF (Q133=1 AND Q134 <= AGE).
RECODE
  chkq134a (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

FREQUENCIES

VARIABLES=chkq134a
/ORDER= ANALYSIS .

```
*****
*****
*****
*****
```

**** CHECK R - IF EVER TAKEN CANNABIS REGULARLY, AGE STARTED TAKING REGULARLY
MUST BE GREATER THAN OR EQUAL TO AGE FIRST TAKEN.

TITLE 'COMPARE WITH Q24, Q26, Q27, Q133, Q134'.

* //// Creates check variable (chkq134b), and set them all to 0 (Inconsistent data - check) //// *.

COMPUTE chkq134b = 0.
EXECUTE.

FORMAT chkq134b (F9.0).

VARIABLE LABEL chkq134b 'Chkq134b - If respondent has ever taken cannabis (Q133=1), age started
taking cannabis regularly (Q134) must be greater than or equal to age cannabis first taken (Q27)'.

VALUE LABELS chkq134b
1 'Pass - Age taken regularly greater than age first taken'
2 'Missing data Q134 (-1)'
3 'Missing data Q134 (-9)'
4 'Missing data Q27 (-1)'
5 'Missing data Q27 (-9)'
0 'Age first taken is greater than age regularly taken'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
888888 'Check n/a (skipped from earlier question - Q133=Missing)'
999999 'Check not applicable (skipped from earlier quest - Q133=2)'.

* //// Deal with not applicables from earlier questions (working backwards) //// *.

DO IF (Q133=-9) .
RECODE
chkq134b (0=888888) .
END IF.
EXECUTE.

DO IF (Q133=2) .
RECODE
chkq134b (0=999999) .
END IF.
EXECUTE.

DO IF (Q26=-9) .
RECODE
chkq134b (0=888) .

```
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chkq134b (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chkq134b (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chkq134b (0=99) .
END IF.
EXECUTE.
```

* ///// Deals with dont knows and missings ///// *.

```
DO IF (Q134 = -1).
RECODE
  chkq134b (0=2) .
    ELSE IF (Q134 = -9) .
      RECODE
        chkq134b (0 = 3) .
END IF .
EXECUTE .
```

```
DO IF (Q27 = -1).
RECODE
  chkq134b (0=4) .
    ELSE IF (Q27 = -9) .
      RECODE
        chkq134b (0 = 5) .
END IF .
EXECUTE .
```

* ///// The actual check ///// *.

```
DO IF (Q133=1 AND Q134 >= Q27).
RECODE
  chkq134b (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
VARIABLES=chkq134b
/ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK S - IF YOU HAVE TAKEN CANNABIS, "EVER TRIED TO STOP" MUST BE ANSWERED.

TITLE 'COMPARE WITH Q24, Q26, Q133, Q135'.

* //// Creates check variable (chk_q135), and set them all to 0 (Inconsistent data - check) //// *.

```
COMPUTE chk_q135 = 0.
EXECUTE.
```

```
FORMAT chk_q135 (F9.0).
```

VARIABLE LABEL chk_q135 'Chk_q135 - If respondent has taken cannabis regularly (Q133=1), ever tried to stop (Q135) must be answered'.

```
VALUE LABELS chk_q135
1 'Pass'
2 'Missing data Q135 (-9 Blank)'
3 'Missing data Q135 (-1 DK)'
0 'Inconsistent data - check'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
888888 'Check n/a (skipped from earlier question - Q133=Missing)'
999999 'Check not applicable (skipped from earlier quest - Q133=2)'.
```

* //// Deal with not applicables from earlier questions (working backwards) //// *.

```
DO IF (Q133=-9) .
RECODE
  chk_q135 (0=888888) .
END IF.
EXECUTE.
```

```
DO IF (Q133=2) .
RECODE
  chk_q135 (0=999999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q135 (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q135 (0=999) .
```

```
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q135 (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q135 (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check (check the age first taken variable Q135 actually contains answer) ///// *.

```
DO IF (Q135=-9) .
RECODE
  chk_q135 (0=2) .
  ELSE IF (Q135=-1) .
  RECODE
    chk_q135 (0=3) .
    ELSE IF ((~SYSMIS(Q135)) AND Q133=1).
    RECODE
      chk_q135 (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=chk_q135
  /ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

**** CHECK T - IF EVER TRIED TO GIVE UP CANNABIS WHAT WAS THE REASON MUST CONTAIN AT LEAST ONE ANSWER.

TITLE 'COMPARE WITH Q24, Q26, Q133, Q135, Q136'.

* Creates check variable (chk_q136), and set them all to 0 (Inconsistent data - check).

```
COMPUTE chk_q136 = 0.
EXECUTE.
```

```
FORMAT  chk_q136 (F9.0).
```

VARIABLE LABEL chk_q136 'Chk_q136 - If respondent has ever tried to give up cannabis (Q135=1), MC

variables REASON (Q136) must contain at least one answer'.

```
VALUE LABELS chk_q136
2 'Missing data - all variables Q136'
1 'Pass - at least one multicode selected'
0 'Inconsistent data - check - No variables set to 1'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
888888 'Check n/a (skipped from earlier question - Q133=Missing)'
999999 'Check not applicable (skipped from earlier quest - Q133=2)'
8888888 'Check n/a (skipped from earlier question - Q135=Missing)'
9999999 'Check N/A (skipped from earlier quest - Q135=2 OR 3)'.
```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q135=-9) .
RECODE
  chk_q136 (0=8888888) .
END IF.
EXECUTE.
```

```
DO IF (Q135=2 OR Q135=3) .
RECODE
  chk_q136 (0=9999999) .
END IF.
EXECUTE.
```

```
DO IF (Q133=-9) .
RECODE
  chk_q136 (0=8888888) .
END IF.
EXECUTE.
```

```
DO IF (Q133=2) .
RECODE
  chk_q136 (0=9999999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q136 (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q136 (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q136 (0=88) .
END IF.
```

EXECUTE.

```
DO IF (Q24=2) .
RECODE
  chk_q136 (0=99) .
END IF.
EXECUTE.
```

* ///// Count number of answers given ///// *.

```
COUNT
  cnt_q136 = Q136A Q136B Q136C Q136D Q136E Q136F Q136G Q136H Q136I Q136J Q136K Q136L
Q136M Q136N (1) .
EXECUTE .
```

```
FORMAT cnt_q136 (F2.0).
```

```
VARIABLE LABEL cnt_q136 'Count across Q136 - number of codes selected'.
```

* ///// Deal with missing values in MC question ///// *.

```
DO IF (Q136A = -9 AND Q136B = -9 AND Q136C = -9 AND Q136D = -9 AND Q136E = -9 AND Q136F = -
9 AND Q136G = -9 AND Q136H = -9 AND Q136I = -9 AND Q136J = -9 AND Q136K = -9 AND Q136L = -9
AND Q136M = -9 AND Q136N = -9).
RECODE
  chk_q136 (0=2) .
END IF .
EXECUTE .
```

* ///// Do the actual check ///// *.

```
DO IF (Q135 =1 AND cnt_q136 >= 1).
RECODE
  chk_q136 (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

```
FREQUENCIES
  VARIABLES=cnt_q136 chk_q136
/ORDER= ANALYSIS .
```

```
*****
*****
*****
*****
```

*** CHECK U - IF USED CANNABIS IN THE PAST 12 MONTHS, HOW DID YOU GET THE DRUGS MC
VARIABLES MUST CONTAIN ANSWER.

```
TITLE 'COMPARE WITH Q24, Q26, Q28, Q149'.
```

* Creates check variable (chk_q149), and set them all to 0 (Inconsistent data - check).

```
COMPUTE chk_q149 = 0.
EXECUTE.
```

```
FORMAT chk_q149 (F4.0).
```

```
VARIABLE LABEL chk_q149 'Chk_q149 - If respondent has taken cannabis during the past 12 months
(Q28=1), MC variables GET DRUGS (Q149) must contain at least one answer'.
```

```
VALUE LABELS chk_q149
2 'Missing data - all variables Q149'
1 'Pass - at least one multicode selected'
0 'Inconsistent data - check - No variables set to 1'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
8888 'Check n/a (skipped from earlier question - Q28=Missing)'
9999 'Check not applicable (skipped from earlier question - Q28=2)'
```

```
* ///// Deal with not applicables from earlier questions (working backwards) ///// *.
```

```
DO IF (Q28=-9) .
RECODE
  chk_q149 (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chk_q149 (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chk_q149 (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chk_q149 (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chk_q149 (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chk_q149 (0=99) .
END IF.
EXECUTE.
```


* ///// Count number of answers given ///// *.

COUNT

cnt_q149 = Q149A Q149B Q149C Q149D Q149E Q149F Q149G (1) .

EXECUTE .

FORMAT cnt_q149 (F2.0).

VARIABLE LABEL cnt_q149 'Count across Q149 - number of codes selected'.

* ///// Deal with missing values in MC question ///// *.

DO IF (Q149A = -9 AND Q149B = -9 AND Q149C = -9 AND Q149D = -9 AND Q149E = -9 AND Q149F = -9 AND Q149G = -9).

RECODE

chk_q149 (0=2) .

END IF .

EXECUTE .

* ///// Do the actual check ///// *.

DO IF (Q28=1 AND cnt_q149 >= 1).

RECODE

chk_q149 (0=1) .

END IF .

EXECUTE .

* ///// Show test results ///// *.

FREQUENCIES

VARIABLES=cnt_q149 chk_q149

/ORDER= ANALYSIS .

```
*****
*****
*****
*****
```

**** CHECK V - IF USED CANNABIS IN THE PAST 12 MONTHS, WHERE DID YOU GET THE DRUGS
MC VARIABLES MUST CONTAIN ANSWER.

TITLE 'COMPARE WITH Q24, Q26, Q28, Q150'.

* Creates check variable (chk_q150), and set them all to 0 (Inconsistent data - check).

COMPUTE chk_q150 = 0.

EXECUTE.

FORMAT chk_q150 (F4.0).

VARIABLE LABEL chk_q150 'Chk_q150 - If respondent has taken cannabis during the past 12 months
(Q28=1), MC variables WHERE get drugs (Q150) must contain at least one answer'.

VALUE LABELS chk_q150

```

1 'Pass - at least one multicode selected'
2 'Missing data - all variables Q150'
0 'Inconsistent data - check - No variables set to 1'
88 'Check n/a (skipped from earlier question - Q24=Missing)'
99 'Check not applicable (skipped from earlier question - Q24=2)'
888 'Check n/a (skipped from earlier question - Q26=Missing)'
999 'Check not applicable (skipped from earlier question - Q26=2)'
8888 'Check n/a (skipped from earlier question - Q28=Missing)'
9999 'Check not applicable (skipped from earlier question - Q28=2)'

```

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```

DO IF (Q28=-9) .
RECODE
  chk_q150 (0=8888) .
END IF.
EXECUTE.

```

```

DO IF (Q28=2) .
RECODE
  chk_q150 (0=9999) .
END IF.
EXECUTE.

```

```

DO IF (Q26=-9) .
RECODE
  chk_q150 (0=888) .
END IF.
EXECUTE.

```

```

DO IF (Q26=2) .
RECODE
  chk_q150 (0=999) .
END IF.
EXECUTE.

```

```

DO IF (Q24=-9) .
RECODE
  chk_q150 (0=88) .
END IF.
EXECUTE.

```

```

DO IF (Q24=2) .
RECODE
  chk_q150 (0=99) .
END IF.
EXECUTE.

```

* ///// Count number of answers given ///// *.

```

COUNT
  cnt_q150 = Q150A Q150B Q150C Q150D Q150E Q150F Q150G Q150H Q150I (1) .
EXECUTE .

```

```

FORMAT cnt_q150 (F2.0).

```

```

VARIABLE LABEL cnt_q150 'Count across Q150 - number of codes selected'.

```

* ///// Deal with missing values in MC question ///// *.

DO IF (Q150A = -9 AND Q150B = -9 AND Q150C = -9 AND Q150D = -9 AND Q150E = -9 AND Q150F = -9 AND Q150G = -9 AND Q150H = -9 AND Q150I = -9).

RECODE

chk_q150 (0=2) .

END IF .

EXECUTE .

* ///// Do the actual check ///// *.

DO IF (Q28=1 AND cnt_q150 >= 1).

RECODE

chk_q150 (0=1) .

END IF .

EXECUTE .

* ///// Show test results ///// *.

FREQUENCIES

VARIABLES=cnt_q150 chk_q150

/ORDER= ANALYSIS .

```
*****
*****
*****
*****
```

*** CHECK W - IF USED CANNABIS IN THE PAST 12 MONTHS, HOW EASY IS IT TO GET?

TITLE 'COMPARE WITH Q24, Q26, Q28, Q151A'.

* ///// Creates check variable (chkq151), and set them all to 0 (Inconsistent data - check) ///// *.

COMPUTE chkq151a = 0.

EXECUTE.

FORMAT chkq151a (F4.0).

VARIABLE LABEL chkq151a 'Chkq151a - If respondent has taken cannabis in the past 12 months (Q28=1), how easy is it to get? (Q151A)'.

Value Labels chkq151a

1 'Pass'

2 'Missing data Q151A (-9 Blank)'

3 'Missing data Q151A (-1 DK)'

0 'Inconsistent data - check'

88 'Check n/a (skipped from earlier question - Q24=Missing)'

99 'Check not applicable (skipped from earlier question - Q24=2)'

888 'Check n/a (skipped from earlier question - Q26=Missing)'

999 'Check not applicable (skipped from earlier question - Q26=2)'

8888 'Check n/a (skipped from earlier question - Q28=Missing)'

9999 'Check not applicable (skipped from earlier question - Q28=2)'.

* ///// Deal with not applicables from earlier questions (working backwards) ///// *.

```
DO IF (Q28=-9) .
RECODE
  chkq151a (0=8888) .
END IF.
EXECUTE.
```

```
DO IF (Q28=2) .
RECODE
  chkq151a (0=9999) .
END IF.
EXECUTE.
```

```
DO IF (Q26=-9) .
RECODE
  chkq151a (0=888) .
END IF.
EXECUTE.
```

```
DO IF (Q26=2) .
RECODE
  chkq151a (0=999) .
END IF.
EXECUTE.
```

```
DO IF (Q24=-9) .
RECODE
  chkq151a (0=88) .
END IF.
EXECUTE.
```

```
DO IF (Q24=2) .
RECODE
  chkq151a (0=99) .
END IF.
EXECUTE.
```

* ///// The actual check (check the age first taken variable (Q151) actually contains an answer) ///// *.

```
DO IF (Q151a=-9) .
RECODE
  chkq151a (0=2) .
  ELSE IF (Q151a=-1) .
    RECODE
      chkq151a (0=3) .
      ELSE IF ((~SYSMIS(Q151a)) AND Q28=1).
        RECODE
          chkq151a (0=1) .
END IF .
EXECUTE .
```

* ///// Show test results ///// *.

FREQUENCIES

```
VARIABLES=chkq151a  
/ORDER= ANALYSIS .
```