

GENERAL POPULATION
SURVEY ON DRUG
PREVALENCE
IN IRELAND

2014/15

TECHNICAL REPORT

Contents

1.	Introduction	4
1.1	Planning And Commissioning Process	5
1.2	Research Objectives.....	5
2.	Survey Design.....	7
2.1	Target Population	7
2.2	Language	7
2.3	Age	7
2.4	Audiences Outside The Scope Of This Study	8
2.5	Mode Of Interviewing.....	8
2.6	CAPI Set-Up And Validation	9
3.	Sampling.....	10
3.1	Random Sampling	10
3.2	Sample Frame	10
3.3	Selection Of Sample	11
4.	Questionnaire Design.....	15
4.1	Questionnaire Development.....	15
4.2	Cognitive Study	15
4.3	Pilot Study	17
5.	Fieldwork.....	19
5.1	Overview	19
5.2	Fieldwork Period	19
5.3	Interviewer Briefings & Instructions.....	19
5.4	Content Of Interviewer Briefings.....	20
5.5	Interviewer Packs.....	21
5.5	Interviewing Team	21
5.6	Field Management	22
5.7	Weekly Fieldwork Progress Reports To NACDA.....	23
6.	Enhancing Response Rates	24
6.1	Interviewer Calls	24
6.2	Trained Interviewers.....	25
6.3	Help-line.....	25

6.4	Naming The Client.....	25
6.5	The Promise Of Confidentiality	25
6.6	Advance Letter	26
6.7	Appointment Cards	26
6.8	Apartment Complexes	26
6.9	Frequently Asked Questions	26
6.10	Monitoring And Supervision	26
6.11	The “Ipsos MRBI” Name.....	27
7.	Response Rates	28
8.	Data processing.....	31
9.	Weighting, Design Effects and Confidence Intervals	32
9.1	Overview	32
9.2	Rationale	32
9.3	Survey Weighting	33
9.4	Calculation of Survey Design Effects.....	35
9.5	Calculation of Confidence Intervals (on proportions).....	37
9.6	Identification of significant differences in the point estimates between 2011 and 2015.....	38

Appendices

1. Introduction

This volume explains the research methodology used in the Fourth General Population Survey on Drug Prevalence in the Republic of Ireland conducted by Ipsos MRBI on behalf of the National Advisory Committee on Drugs and Alcohol (NACDA) in Ireland.

The National Advisory Committee on Drugs and Alcohol (NACDA) was established to advise the Government in relation to the prevalence, prevention, treatment, rehabilitation and consequences of substance use and misuse in Ireland, based on the analysis of research findings and information. The Committee oversees the delivery of a work programme on the extent, nature, causes and effects of substance use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory

As the prevalence and patterns of drug use in the general population is one of the key five indicators produced by the EMCDDA¹ and adopted by EU Member States, it is imperative that reliable and comparable data is obtained in this regard. In Ireland, the measurement of the extent and nature of drug use in the general population is one of the priorities in relation to research and information under the National Drugs Strategy 2009-2016.

Therefore a key goal of the NACDA in its current work programme, as agreed by Government, is the continuation of the Drug Prevalence Survey. The research findings emanating from these surveys are important as they allow government to identify gaps in policy and services for drug users and/or others affected by drug use.

The NACDA has commissioned three previous Drug Prevalence Surveys to establish population prevalence of drug use in Ireland in 2002/2003, 2006/2007 and 2010/2011. The survey carried out in 2014/2015 was broadly similar to that undertaken in 2010/2011, but contained additional questions designed to estimate the prevalence of new psychoactive substances in the general population as well as new questions to obtain information on the prevalence of gambling in Ireland. In previous surveys, the study sample population had been a random sample of all persons aged between 15 and 64 years living in Ireland. For this survey, it was decided to extend this age range to all persons aged 15 years and over resident in households in Ireland.

¹ <http://www.emcdda.europa.eu>

1.1 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 tender was advertised in the Official Journal of the European Commission (OJEC) firstly as an Expression of Interest in and then as a Request for Tender.

In June 2014, the NACDA formally commissioned Ipsos MRBI to conduct the 2014/2015 National Drug Prevalence Study in the Republic of Ireland. What followed was a detailed project set-up phase, whereby Ipsos MRBI and the Research Advisory Group worked together to plan all aspects of the study in order to ensure its success.

1.2 Research Objectives

The overall aim of the National Drug Prevalence Survey was to obtain comparable, reliable information on:

- The extent and pattern of consumption of different drugs in the general population;
- The characteristics and behaviours of users;
- The attitudes of different population groups towards drugs use.

The core objective of the research was to provide up-to-date, robust data regarding the prevalence of (licit and illicit) drug use amongst the general population. Therefore, the results needed to meet the following requirements;

- Reliable, in that overall results are statistically reliable estimates of the prevalence of drug use in each jurisdiction;
- Indicative of the prevalence of drug use in Regional Drug Task Force Areas and to allow analysis of results in terms of a variety of demographic factors;
- Comparable between 2002/2003, 2006/2007 and 2010/2011 data, and as far as possible with similar studies being conducted throughout the European Union.
- Comparable to Northern Ireland and ability to merge for an All-Ireland data set.

To meet the objectives of the study, a face-to-face Computer Assisted Personal Interviewing (CAPI) survey was carried out in respondents' homes, using a random sampling methodology.

The questionnaire was broadly similar to previous waves to ensure comparability, with the addition of questions designed to estimate the prevalence of new psychoactive substances in the general population, as well as new questions to obtain information on the prevalence of gambling in Ireland. This involved close liaison between Ipsos MRBI and the Research Advisory Group on key tasks: reviewing the new question wording, undertaking cognitive interviews to test the new questions, piloting the survey, checking the CAPI script.

Furthermore, the interviewers, upon whom the ultimate success of the study was dependent, were taken through a detailed programme of engagement, briefing and instruction, to ensure they were fully prepared to conduct the interviews. A minimum target of 7,000 interviews with those aged 15+ years (including, for the first time, those aged 65 and over) was to be completed.

2. Survey Design

2.1 Target Population

The universe for the survey was defined as all adults, aged 15+, living in private households in the Republic of Ireland, as per EMCDDA guidelines.

As the EMCDDA Handbook observes, surveys of this nature are typically conducted in the respondent's home for methodological and practical reasons². In addition to this, the length of the questionnaire, i.e. approximately 35 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.

2.2 Language

The survey did not make a specific provision for interviews to be conducted in languages other than English. Households could participate in the study, regardless of their language needs, and NACDA was willing to provide translation if required. This issue was closely monitored throughout the research. Interviews were only conducted in English and the service of an interpreter was not requested.

2.3 Age

Adults aged 15+ years were included in the study in line with EMCDDA guidelines. Written consent from a parent or guardian was required for all young people aged 15-17 years. The parent/guardian also had the right to sit in on the interview, if they so wished. Two questions were added to capture information on whether someone was present during the interview

Previously those aged 65+ years were excluded from participating in the survey. However, this wave the decision was made to extend the eligible age criteria to all those aged 15+ years. This move was made as there is increasing evidence that substance use problems are becoming more prevalent among older age groups.³

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

³ http://www.emcdda.europa.eu/attachements.cfm/att_50566_EN_TDAD08001ENC_web.pdf

2.4 Audiences Outside The Scope Of This Study

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

2.5 Mode Of Interviewing

Selecting the most appropriate mode of data collection was critical to the success of this survey. The mode selected needed to deliver a highly-accurate dataset while also allowing for stringent project management and monitoring of fieldwork.

The RFT specified that a CAPI methodology should be used in the 2014/15 study. The same mode was utilised in the 2006/07 and 2010/11 studies also. Some of the particular benefits of using CAPI over a paper questionnaire include:

- Interviewer routing error is avoided, as the programme automatically guides interviewers to the correct question. This also saves time;
- Complex routing is made possible, which would be extremely difficult to administer on a traditional paper questionnaire;
- Automatic CAPI checks and edits reduce interviewer error and prompt respondents to consider their answers where they have answered questions inconsistently;
- The need for data punching, a traditional source of error in market research surveys, is eliminated;

A further benefit of the CAPI methodology is that completed interviews are automatically downloaded electronically allowing immediate access to the data and allowing much faster data processing than paper based questionnaires. Data can be almost immediately linked to Data Processing tools such as SPSS and Excel. This also helps with the monitoring of fieldwork progress.

2.6 CAPI Set-Up And Validation

The questionnaires were scripted using mrScriptBasic (an object-oriented language similar to Visual Basic) onto IBM SPSS Data Collection (Dimensions). This has been the chosen survey scripting and data processing platform for Ipsos globally since 2011. Previous waves used a different software package (Quancept).

Dimensions is the successor to Quancept (for which SPSS will in due course withdraw support), and in brief, it met all of the requirements of the study and provided a far more powerful and flexible scripting and data processing environment.

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

1) Range checks:

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

2) Rigorous checking of routing (skips):

All routing was rigorously checked by members of the CAPI set-up team and also by several members of the executive team.

3) Consistency checks:

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

Members of the Research Advisory Group **took part in the script approval process**, by testing the CAPI script on a laptop once it had been finalised.

3. Sampling

Population surveys on drug use are conducted among a sample of the entire target population because it is not practical to interview every single individual in the population. As a key objective was to provide for reliable national estimates of the prevalence of drug use in Ireland to feed into public policy making, sample design was critical to the success of the survey.

The Request for Tender indicated that the scope for this study was a nationally representative sample of the general Irish population aged 15 years and over in private households. Furthermore the sample needed to be sufficiently large and structured in such a way as to facilitate comparisons between Regional Drug Taskforce Areas.

In order to ensure consistency both with the EMCDDA guidelines and previous versions of this study, we replicated the sampling strategy used previously.

3.1 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”*⁴. Given that collecting accurate, up-to-date profile data was a key aim of the survey, and this sampling method was used in 2002/2003 and 2006/2007 and 2010/11, the RAG and the Ipsos MRBI project team felt that a similar approach should be used in 2014/2015.

3.2 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+years) had a calculable chance of being included in the sample. Therefore, the first step in drawing a random sample is to define the sampling frame. The survey used the **An Post/Ordnance Survey Ireland GeoDirectory** as the primary sampling frame. This file is comprehensive, regularly updated, and has a high degree of accuracy. Additionally, this sampling frame was used in the 2002/2003, 2006/2007 and 2010/11 studies and was the RAG’s preferred sampling frame for the 2014/15 study. In particular, the GeoDirectory address list was chosen because:

⁴ EMCDDA Handbook for Surveys on Drug Use Among The General Population, (2002), p.97

- It contained every address point in Ireland and is designed for use for market research and by all kinds of businesses;
- It is updated on a quarterly basis;
- It avoids double counting, as buildings which have alternative names (e.g. No.15, Any Street and Rose Cottage, Any Street) would be counted only once;
- GeoDirectory provides separate lists for businesses and residential addresses.
- It links every address to its electoral division, allowing for the separation of data from both large (e.g. Regional Drug Task Force Areas) and small geographic areas (e.g. Electoral Divisions(ED)) alike;
- Demographic data from the CSO can be easily obtained at Electoral Division level and incorporated into databases provided by GeoDirectory;
- The address lists provided by GeoDirectory would also include those who may not be on the electoral register for one reason or another.

Despite these obvious advantages, using the GeoDirectory list still had the same potential for limitations (extra dwellings, combined dwellings and addresses without dwellings). Interviewers' contact sheets were used to gather information on the addresses that were excluded. See Appendix A for example Contact Sheet.

3.3 Selection Of Sample

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

3.3.1 Selection Of Primary Sampling Units (PSUs)

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

Since January 2005, the health boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive (HSE). However, when the last survey was carried out in 2010/11, data was weighted and reported by eight health board areas including the Eastern Regional Health Authority which incorporated 3 local area health boards. All of these health boards corresponded to the Regional Drug Task Force (RDTF) structures set up under the National Drug Strategy, therefore it was agreed that the sampling process would continue to apply according to the Health Boards/RDTFs.

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

The table below provides the latest known population figures at the time of commencing fieldwork, which were based on 2011 Census figures.

Table 1 – 2011 Census Figures by Health Board Region/RDTF

Regional Drug Task Force Area	Total	% of Population	Sample Size
Eastern	1620021	35.3%	2472
Midland	282410	6.2%	431
Mid Western	379327	8.3%	579
North Eastern	440,698	9.6%	672
North Western	258328	5.6%	394
South Eastern	497578	10.8%	759
Southern	664534	14.5%	1014
Western	445356	9.7%	679
	4,588,252	100%	7000

In the second stage of stratification, a decision was made on the number of Primary Sampling Units (PSUs) to be selected (421 in total). The decision on the number of PSUs selected was based on practical considerations (an appropriate compromise between allowing sufficient range of coverage and the need to be practical from a data collection and field management perspective).

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

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

Table 2: Health Board Region/RDTF Number of Sampling Points

Regional Drugs Task Force	Number of Sampling Points
Eastern	144
Midland	25
Mid-Western	36
North-Eastern	37
North-Western	28
South-Eastern	46
Southern	63
Western	42
Total	421

3.3.2 Selection Of Addresses

A sample was drawn at random, from each of the randomly selected PSUs, using the information provided in An Post/Ordnance Survey's GeoDirectory. Thirty one addresses were chosen at each of the sampling points.

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

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

3.3.3 Property and Household Selection

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

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

3.3.4 Respondent Selection

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

4. Questionnaire Design

4.1 Questionnaire Development

The questionnaire was designed with the full involvement of the RAG. The 2014/2015 survey was broadly similar to the 2010/2011 survey but additional questions were included to estimate the prevalence of electronic cigarettes, cannabis use, new psychoactive substances and alcohol consumption in the general population. A new section of questions concerning the prevalence of gambling in Ireland was also included.

4.2 Cognitive Study

In light of the changes in the questionnaire since the 2010/2011 survey there was a need to test these new questions to ensure that they were not being misunderstood or misinterpreted. We reviewed a number of methods of testing these questions and decided cognitive testing was the most appropriate in this instance.

Cognitive interviewing is a diagnostic technique that explores the processes employed by people when they answer survey questions, such as comprehension, recognition, recall and decision-making.

Cognitive testing consists of a series of interviews with respondents to understand whether the right question is being asked given a particular area of inquiry, and whether the proposed question works. In cognitive interviewing, quantitative questions are tested in in-depth interviews to see how respondents understand, retrieve information for, decide upon and ultimately arrive at responses to those questions. Although the technique ultimately deals with quantitative questionnaire design, it is a qualitative approach which amasses data concerning respondents' cognitive processes, that is, perceptive, understanding and decision-making processes: How do the respondents arrive at an answer to a particular question?

Cognitive testing was carried out by members of Ipsos MRBI's executive team who had experience of conducting cognitive interviews. The one to one interviews were carried out face-to-face. The executive asked the questions and followed up with appropriate cognitive questioning techniques.

Ipsos MRBI employed a flexible mix of 'think aloud'⁵ and 'verbal probing' techniques, which were adapted to suit individual respondents.

⁵ R. Groves, F. Fowler Jr, M. Couper, J. Lepkowski, E. Singer and R. Tourangeau, *Survey Methodology*, (2004), p. 202.

Think-aloud interviewing – Here the respondent is asked to talk the interviewer through their thought processes as they arrive at an answer. They are probed only to say what they are thinking. This has the advantages of being free from interviewer-imposed bias and having an open-ended format, but it does suit some respondents more than others, i.e. those more articulate and those comfortable with self-reflexive thinking.

Verbal probing – The interviewer probes further into the basis for the response. Probes may include: Can you repeat the question I just asked you in your own words? How did you decide that? How did you arrive at that answer? Was that easy or hard to answer? Why did you hesitate then? Probes can be administered concurrently, as survey questions are being asked, and retrospectively, after the questionnaire has been completed. Advantages to probing include more interviewer control of the interview and less pressure being brought to bear on the respondent.

Ipsos MRBI conducted 20 cognitive interviews overall. Sixteen cognitive interviews were conducted between 11th and 17th July 2014 using a draft questionnaire for the NACDA Drug Prevalence Study. Ten of these interviews were conducted at Ipsos MRBI's office with members of the general public recruited by Ipsos MRBI. In order to ensure that the content of the questionnaire was relevant to participants they were screened to ensure that they consumed alcohol and had gambled at least once in the past twelve months.

Six interviews were conducted amongst individuals involved in a drug treatment programme at the Drug Treatment Centre Board, Trinity Court, Pearse Street in Dublin. The NACDA RAG Group facilitated access to these participants.

Among the key actions taken as a result of the cognitive study and subsequent discussions were:

- Wording changes and amendments to specific questions;
- Adding showcards or amending showcards;
- Adding interviewer instructions on certain questions to aid comprehension;
- Additional text added at different questions to aid interviewee comprehension;
- Addition of alternative names for certain drugs;
- Addition of answer categories i.e. 'music festival' was added as an answer option for where participants obtained illicit drugs.

The most significant changes were conducted on the gambling section which was reworked and reworded quite extensively. There was a lot of confusion over various gambling activities, for example, many participants were confused between betting in a bookmakers and betting at a bookmakers at a horse/dog racing meeting. Also, some types of gambling were difficult to categorise i.e. betting on novelty events (e.g. Eurovision, X Factor etc.).

The remaining 4 cognitive interviews (following the 16 previously conducted) were conducted at Ipsos MRBI's offices. All participants were aged 65+ with a mixture of gender and social class. The main focus of the cognitive interviews was to evaluate the revised gambling section and this age group was specifically targeted to ensure correct understanding and efficient data collection throughout the questionnaire.

In conclusion, the cognitive study proved to be a valuable exercise, particularly for refining the gambling section.

4.3 Pilot Study

In line with EMCDDA guidelines, Ipsos MRBI conducted a comprehensive piloting of the questionnaire. The purpose of the pilot study was to thoroughly test all aspects of the survey in advance of the main fieldwork period. It allowed for an assessment of both interview content (question wording, interview flow, survey prompts etc.) and practical considerations (measurement of interview length, respondent reactions to new questions and identification of potential queries etc.) within a realistic interview setting. This stage was particularly important for new questions added to the 2014/15 survey.

Firstly, the questionnaire was subjected to Ipsos MRBI's internal piloting procedures.

At this stage, members of the fieldwork team and the core project team tested the questionnaire. This process was primarily designed to ensure all questions were included with the correct wording and in the correct order, and also to check the routing.

Secondly, a series of pilot interviews with members of the general public were conducted.

This process involved a series of live pilot interviews being conducted. Fifty four pilot interviews were conducted between 6th August and 11th August 2014. All interviewers received an in-person briefing from the project manager at Ipsos MRBI, as well as attending a post-pilot debrief session at Ipsos MRBI's offices. Six interviewers participated in this pilot study (two of whom had worked on previous NACDA Drugs Prevalence Studies), and each interviewer was asked to conduct nine interviews to meet specified interviewing quotas.

Gender & Age	15-17	18-29	30-44	45-59	60-69	70+
Male	6	3	6	3	3	6
Female	6	3	6	3	3	6

Social Class	
ABC1	27
C2DEF	27

Each interviewer was assigned to a particular location and all were provided with copies of the NACDA letter, the information sheets and consent forms. Interviews were conducted across six locations: Dublin (two locations), Limerick, Roscommon, Meath and Wicklow. The interviews were conducted on CAPI (Computer Aided Telephone Interviewing) in the respondent's home. All participants were required to read the information sheet and sign the consent form, while parental consent was required for those under 18 years.

Once these pilot interviews were complete, interviewers produced a detailed comment sheet and attended a debrief session with the Project Director. In addition, the data from the pilot interviews was analysed to ensure the questionnaire and data outputs were correct in advance of the main fieldwork period. In order to identify any actions that were required in advance of the full study, a pilot debrief meeting was convened with key project stakeholders to agree next steps.

Key actions taken as a result of the cognitive study and subsequent discussions included:

- **Inclusion of the Department of Health Logo as well as the NACDA logo on survey materials.** The interviewers believed that the introduction of the advance letter (with the NACDA logo) provided reassurance of the legitimacy of the research study. However it became apparent that many respondents were not aware of the NACDA and it was decided to include the Department of Health logo on survey materials, alongside that of the NACDA, to provide further reassurance and credibility.
- **Reworking of the 'Other Opiates' showcard.** During the pilot interviews there was still some inconsistency in the answering of the section relating to "Other Opiates", and on probing the participants for further information there were some who had consumed these drugs, but did not see codeine listed on the showcard, or did not recognise it so had not selected it. We made the showcard clearer for respondents and this change should be kept in mind when viewing the results.
- **Addition of a Pen-and-Paper Self Completion Questionnaire.** In some cases, computer literacy affected the self-completion aspect of the questionnaire (i.e. the questions relating to harmful alcohol and cannabis consumption, and problem gambling) on the CAPI laptops. The interview took significantly longer for those who were inexperienced or uncomfortable with computers. As such, the way in which this section was presented was simplified and respondents were offered the option of a paper-based questionnaire for this element.
- **Gambling Section.** Some further adjustments were made to the gambling section in order to provide clarity around the various types of gambling to ensure respondents could easily categorise the types of gambling they had participated in throughout the year.

Please see Appendices B and C for a copy of the final Questionnaire and Showcards. Please see Appendix D for a copy of the self-completion questionnaire.

5. Fieldwork

5.1 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 carried out 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;
- Conducting the survey using an “interviewer completion” approach (rather than self-completion) was a better means of collecting information from all respondents (i.e. including those who had finished education ‘early’ (pre-primary, primary), who were illiterate or who had difficulty reading);
- Any potential bias which may have arisen from the way an interviewer asked a question was largely removed through the use of a straightforward questionnaire, and the high level of interviewer training and supervision;
- Face-to-face interviews also generate higher response rates.

5.2 Fieldwork Period

The fieldwork was conducted between August 2014 and August 2015.

5.3 Interviewer Briefings & Instructions

One of the factors most correlated with high response rates is the experience interviewers already have with that particular survey and the extent to which they feel an attachment to it. Therefore, a series of interviewer briefings were conducted to ensure interviewers were fully prepared to conduct the survey. The briefings also allowed for discussion and dialogue between interviewers, the Ipsos MRBI team and the RAG as well as practice sessions and role-play exercises. Senior members of the project team led the briefings, and every interviewer working on the study attended.

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

Initially, four interviewer briefings were held in Dublin, Athlone, Cork and Kilkenny between 25th and 28th August. Further briefings were held throughout the fieldwork period. The briefings lasted between five and six hours, and provided opportunities for discussion and roleplay, as well as a thorough run-through of the survey.

Each briefing session had a maximum of 25 interviewers in attendance. This meant that each interviewer received individual one-to-one attention from project managers and technical trainers ensuring that they had a complete understanding of the project and their involvement in it.

All sessions followed the same format and were led by Kieran O’Leary, Director at Ipsos MRBI. All Field Executives working on the study attended at least one briefing session and a number of members of the RAG also attended the Dublin briefing.

5.4 Content Of Interviewer Briefings

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

- **Introduction and background to survey**
- **Survey content**
- **Practice with scripts**
- **Sampling**
- **Key things to look out for**
- **Discussion**

A considerable amount of time at the briefing was spent on how to maximise response rates to the survey, firstly encouraging interviewers to consider the best time of day to call to maximise contact rates, but in particular, how to gain co-operation and refusal avoidance techniques. As well as giving interviewers tangible strategies to use, this is helpful in building confidence – the more confident the interviewers are, the more likely it is that they will achieve an interview.

In order to help interviewers to really ‘get inside of the head’ of respondents and identify strategies to use in different situations, interviewers participated in interactive breakout groups, brainstorming ideas about issues they may come across and how to negotiate them; they were also asked to generate ideas about how to deal with example scenarios they may come across. This is very effective for ensuring interviewers have internalised the key

measures they can take to engage respondents, before they have encountered them live in the field.

5.5 Interviewer Packs

In addition to this in-person briefing, interviewers were also provided with very detailed written instructions in an Interviewer's Manual. This manual was designed by the Project Director and covered all aspects of the briefing, including project background, sampling methodology, instructions related to specific survey questions and full details on how the data would be stored and used.

5.5 Interviewing Team

All interviewing was carried out by members of the Ipsos MRBI Interviewer Panel who have been trained and work to the standards of the MRS Market Research Interviewer Training. Interviewers working on the study were both male and female, across a range of ages but with a higher proportion in the 50+ age category, which is reflective of the profile of market research interviewers nationally.

All Ipsos interviewers go through a thorough recruitment selection process to ensure they fulfil all necessary requirements for this particular job position i.e. communication skills (good manner, politeness, empathy, tact, ability to establish excellent rapport), target achievement, reliability and attention to detail. They then undergo detailed theoretical and practical training. This ensures that they develop the necessary communication and project management skills and appreciate the importance of collecting data of the highest quality. Interviewers are also provided with on-going support, training, coaching and monitoring.

On joining the Ipsos MRBI panel, interviewers are accompanied in the field by a supervisor. All Ipsos MRBI Interviewers and recruiters carry Identity Cards issued by the Market Research Society (MRS), which bear the photograph and signature of the interviewer, and are issued only after the signing of a declaration which states that the interviewer has read and agrees to abide by the MRS Code of Conduct.

5.6 Field Management

The fieldwork team within Ipsos were responsible for administering all aspects of data collection. In conjunction with the overall Project Manager at Ipsos this incorporated the training and briefing of interviewers, allocation and scheduling of work and monitoring of progress. Completed interview data was uploaded to the CAPI server daily, which was used to produce accurate progress reports. Progress reports were provided to the wider team on a weekly basis.

Interviewers updated the fieldwork team twice a week with the outcome of all calls made during each day's interviewing. This information, in addition to the completed interview data uploaded to the CAPI server, was used to produce accurate progress reports and enabled the management team to identify and act on potential problems before they impacted on the wider study.

Interviewers called at the selected addresses and where contact was established with a member of the household, the selection of an eligible respondent within the household was made, using the last birthday rule. The interview was carried out if the selected person was available, or an appointment was made to call back and interview the selected household member. Dates and times of all calls made and their outcomes, (successful interview taken, appointment made, no contact, refusals etc.,) were recorded.

On the doorstep, interviewers filled in paper contact sheets at the time of each call made for each address visited, documenting each attempt to contact or interview the selected individual (following the "last birthday rule" method). 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 CAPI script in order to reassure respondents about confidentiality. However, if needed, it was still possible to link each contact sheet to each completed interview via serial numbers. Contact sheets from each area were returned on an ongoing basis by interviewers in the post. Upon receipt, these contact sheets were edited and validated to ensure that the correct person in the household had been selected for interview. After this quality control procedure had taken place, they were entered into system.

As interviews were completed and contact sheets returned, validation procedures began. The Quality team ensured that 90 completed assignments were validated. Validation was conducted by telephone.

Interviewers had the support of the field team in Ipsos MRBI who were available to help them with difficulties in the field or problems of any nature. The field department kept in regular communication with field staff so that everyone working on the project was informed of developments across the whole fieldwork period. All interviewers had telephone numbers of key field staff and knew that they could call on them for help at any time.

5.7 Weekly Fieldwork Progress Reports To NACDA

Fieldwork progress and response reports were provided to NACDA by means of an agreed progress reporting format. This included the number of completed surveys by age, gender and region as well as the number of completed assignments by region. The reports also provided the number of assignments chosen for backchecks, the number of backchecks that had been completed and the number that were remaining. The weekly progress reports were provided in excel format.

6. Enhancing Response Rates

As with any survey of this nature, eliciting a satisfactory response rate presents a variety of challenges. These challenges can include;

- difficulties in accessing potential respondents at home, due to work etc.;
- a lack of interest or engagement from respondents;
- a perceived lack of relevance due to the subject matter;
- queries regarding the commissioning body;
- a lack of trust in surveys generally or a lack of credibility in the process;
- concerns over anonymity and how personal information might be used;
- lack of time for respondents or an unwillingness to participate due to survey length.

If the interviewer had visited a household, which was occupied, there were a number of reasons why an interview may not have been completed at that location. 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.

6.1 Interviewer Calls

In accordance with EMCDDA guidelines, multiple calls were made to selected addresses. Interviewers were instructed to make at least five visits – an initial visit, plus four call-backs – at each address, at different times (including evenings) and on different days (including weekends – Saturdays for initial calls and Sundays by prior appointment), to try and ensure they would be able to speak to the potential respondent. Where necessary, and as dictated by the response rate in certain Regional Drug Task Force regions, non-contacts and “soft refusals” were re-issued to Senior Interviewers and Distance Interviewers for further calls. Distance Interviewers are those interviewers who move between the Ipsos MRBI regions. They are used not only because they have a track record in obtaining a high response rate from unused addresses in difficult areas, such as inner city areas, but also because they have the skills to convert a substantial proportion of refusals into successful interviews. In addition, as Distance Interviewers are away from home they tend to work longer days and achieve more than average numbers of interviews. On the population survey we used mainly Distance Interviewers to cover inner city areas in Dublin. We also reissued difficult assignments or those where there were a lot of non-contacts to these interviewers.

6.2 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 briefed interviewers worked on the study. The majority of these interviewers had previously had extensive experience of pre-selected survey work. Many had worked on previous waves of this population study. All interviewers were in weekly contact with the fieldwork department across the fieldwork period.

6.3 Help-line

Telephone and email helplines were set up to handle queries, refusals, and requests for information or appointments from respondents. This helped reassure respondents that this was a genuine survey. An executive on the project handled the email queries while the field department handled all calls.

6.4 Naming The Client

Research experience indicates that response rates can be significantly enhanced by interviewers being able to name the sponsoring client, and this was especially true for a survey which some respondents might find sensitive or intrusive, such as this. The survey materials and the interviewers named the NACDA, however throughout the pilot process it became evident that the NACDA was somewhat unknown to many respondents. Therefore the decision was made to also explain that the research was also commissioned by the Department of Health. This helped provide reassurance and establish the credibility of the survey for the respondent and greatly helped response rates.

6.5 The Promise Of Confidentiality

Response rates were also enhanced by providing a visual reassurance of confidentiality to respondents. As a matter of course, respondents in all Ipsos MRBI 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 provided a telephone contact number and email address specifically set up for the project.

6.6 Advance Letter

For this particular study, potential respondents were provided with a letter from the NACDA and a letter from Ipsos MRBI. The letter provided further reassurance that the survey was a bona fide research exercise. This is standard procedure for all face-to-face surveys conducted by reputable research agencies and is designed to prevent undue anxiety on the part of the respondent. Copies of the letters that were presented to respondents are provided in Appendices F and G.

6.7 Appointment Cards

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

6.8 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 when access could be made.

6.9 Information Sheets

As with previous surveys, we sent information sheets to every household (along with the advance letters) in order to provide information to those who may be unfamiliar with the study. Interviewers also had a copy of these documents to provide on the doorstep. A copy of the Information Sheet is provided in Appendix H.

6.10 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.

6.11 The “Ipsos MRBI” Name

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

7. Response Rates

In order to conduct the NACDA survey 13,051 addresses were pre-selected in advance of fieldwork in line with the sampling procedures outlined in this report. In order to maximise the robustness of this approach it is crucial to achieve a high response rate.

Table 3 below details the response rate for each household that was sampled.

Table 3: Overview of fieldwork response		
Category	Outcome	Cases
Complete interview	Full interview	7,005
Unproductive address	No reply after five contacts	1,568
	Appointment not maintained by respondent	7
	Partial interview	16
	Other reason unproductive	487
Refusal	Upfront refusal to interviewer	2,198
	Respondent refusal by contacting head office	136
Ineligible	Property vacant	896
	Occupied, but not main residence (e.g. holiday home)	123
	Non-residential address	98
	Address inaccessible/dangerous	260
	Address not found	126
	Communication difficulties	131
	Total	13,051

The response rate is calculated by dividing the number of complete interviews by the sum of all addresses minus ineligible addresses. The response rate therefore is 61.4% (7,005 / 11,417).

Further analysis of the response rate indicates a much lower response rate in the North Dublin RDTF compared to other regions (42.2% within North Dublin RDTF compared to 82.6% in the Western RDTF). This is comparable to other surveys and is addressed through the post-survey weighting structure that is applied.

Table 4: Fieldwork Response by Regional Drug Task Force Area											
Category	Outcome	ERHA	Mid land	Mid West	North East	North West	South East	South -ern	West -ern	North Dublin	South West
Complete interview	Full interview	542	532	580	600	489	925	1071	924	586	756
Unproductive address	No reply after five contacts	195	34	139	120	53	93	226	45	351	312
	Appointment not maintained by respondent	1	0	0	3	0	0	0	0	1	2
	Partial interview	1	1	3	1	0	2	1	1	4	2
	Other reason unproductive	65	46	33	39	28	30	56	36	48	106
Refusal	Upfront refusal to interviewer	245	99	224	210	115	227	293	104	369	312
	Respondent refusal by contacting head office	29	4	8	9	3	7	21	9	28	18
Ineligible	Property vacant	54	32	87	97	111	84	161	118	88	64
	Occupied, but not main residence (e.g. holiday home)	1	0	2	7	35	15	35	26	2	0
	Non-residential address	13	3	14	10	8	8	18	6	7	11
	Address inaccessible/ dangerous	17	9	10	21	7	15	16	14	61	90
	Address not found	6	7	6	14	5	9	43	7	16	13
	Communication difficulties	9	8	10	16	14	11	12	12	20	19
	Total	1,178	775	1,116	1,147	868	1,426	1,953	1,302	1,581	1,705
	% Response rate	50.3	74.3	58.8	61.1	71.1	72.0	64.2	82.6	42.2	50.1

Over the course of the fieldwork period, 34,199 contacts were made to the 13,051 households that were selected. This equates to an average of 2.62 contacts per household.

Table 5: Number of contacts made to each selected household	
Number of contacts made to household	Number of households
1	4,852
2	2,935
3	1,778
4	1,144
5	1,352
6	521
7	209
8	122
9 or more	138
Total	13,051

8. Data processing

As the survey was conducted through CAPI (Computer Assisted Personal Interviewing) the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding was conducted to ensure the accuracy of the final dataset.

- Data processing was conducted on an ongoing basis during survey fieldwork. This involved a number of tasks:
- Data entry of contact sheets
- Data entry of self-completion questionnaires
- Merging and validation checks between different data sources (CAPI interview, self-completion questionnaire and contact sheet)
- Logic checking of data
- Formatting of values for missing, don't know and refused answers
- Review and recoding of other specify codes
- Creating derived variables to facilitate data analysis (Any Illegal Drug)
- Formatting of variable names to ensure they appear in a sensible manner in the dataset
- Converting final data into SPSS format and checking that transition was made correctly

Whilst some of this process was semi-automated, it also involved an extensive amount of manual checking of data and comparisons between different data sources. All data processing was conducted by Ipsos MRBI's specialist data management team and data were delivered in SPSS.

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.

9. Weighting, Design Effects and Confidence Intervals

9.1 Overview

This chapter aims to describe the technical aspects of the design and analysis of the 2014/2015 NACDA Drug Prevalence Survey. These aspects were carried out by the Research Methods Centre (RMC) of Ipsos MORI, based in London and they include:

- Survey Weighting;
- Calculation of Survey Design Effects;
- Calculation of the Confidence Intervals (CI) around the drug usage point estimates;
- Identification of significant differences in the point estimates between 2011 and 2015.

Each section of this chapter will describe each of the above stages. What was carried out in terms of the methodology for these aligned exactly to what was carried out in previous waves of the survey and described in the technical note surrounding the 2010/2011 survey. The only difference in the aspects of the methodology between the current wave and 2011 is the existence of an additional weighting component in 2011.

9.2 Rationale

Even with the best-designed surveys, the profile of the achieved sample will not exactly align with that of the target population. This is typically due to unintentional reasons (e.g. differential non-response) or intentional ones (where there is a deliberate attempt to over-represent or boost certain sub-groups within the population). Therefore, it is necessary in many surveys, including this one, to apply weighting to the respondents so that each is scaled up or down to represent correctly, its relevant component population.

It is appropriate, in random probability surveys, to present results with measures of the level of precision around them. This is known as a Confidence Interval (CI). For binary (yes / no) survey measures, the width of a standard CI is simplistically linked to the sample size (n) and the survey measure (p – e.g. 0.65 for 65% giving a certain result).

The nominal width of a 95% CI is:

$$CI = \pm 1.96 * \sqrt{p(1-p)/n} .$$

However, the above is only applied in the case of a random probability surveys, where there is no weighting, clustering or stratification and is based on an infinitely large population. Such an occurrence is very rare in practice and for this reason, actual CIs need to be adjusted to allow for these combinations of “design effects” (DE).

The true 95% CI would thus be:

$$CI = \pm 1.96 * \sqrt{(p(1-p)*d)/n} , \text{ where } d \text{ is the DE.}$$

In this survey, three aspects of DEs come into play – i.e. weighting, stratification (by Health Board) and clustering (by Electoral District; the primary Sampling Unit). The details of the calculation of the overall DEs are described later in this note.

The actual CIs calculated on the back of this survey will be more sophisticated than the standard ones shown above. This is because the standard (Wald) ones may be prone to under-coverage and may thus understate the true level of imprecision of the estimates. This is particularly true where sample sizes are small and / or prevalence's are close to zero or 100%; the latter situation of very low prevalence's being of particular relevance to drug usage surveys of the population. Therefore, the usage of alternative, more sophisticated methods was established in previous waves of this survey. As in 2011, Clopper-Pearson confidence intervals were calculated and are based on effective sample sizes, so that they are in effect, DE-adjusted. These give a truer measure of the precision levels.

Finally, for the same reason as the above, when calculating the level of significance of differences between results across two time periods, the formula based on the standard binomial approximation to the normal distribution is not used. Instead, Newcombe's Hybrid Score method was applied to calculate these, which allows for potential over-dispersion. Again, these measures are DE-adjusted.

9.3 Survey Weighting

This survey involves both pre-weights and post-stratification (PS) weights. Pre-weights are used to allow for different selection probabilities of each end respondent, whilst the PS weights scale up the responses within each demographic cell to represent their respective target populations.

With the pre-weights (also called “design weights”), there was one component involved to allow for different selection probabilities of eligible respondents within a household (HH). As the sample design involves randomly selecting HH from the postal address frame, in an EPSEM manner (i.e. with equal probability), then a respondent within a HH containing two other eligible respondents will have only 1/3 of the probability of appearing in the survey as another respondent who lives with no other eligible people. Therefore, in order to compensate for this, all respondents were given a HH selection pre-weight equivalent to the total number of eligible persons (including themselves) within the HH.

Post-stratification weights were calculated on a cell-by-cell basis (i.e. “cell weighting”); a cell being a group of respondents sharing the same combination of health board (HB – 8 levels), gender (2) and age group (5). An appropriate scaling-weight was allocated to each of the 80 cells in order to bring up the sum of the pre-weights of its respondents to the population it is to represent, according to the 2011 CSO census. These weights are based on ratio of the population and sample frequencies of age*gender*HB cells. The resulting probability (PS) weights correspond with:

$$w_{ps_ijk} = (h_{ijk}^{census}) / (\sum_{i=1}^8 \sum_{j=1}^2 \sum_{k=1}^5 w_{p_li}) ,$$

where h^{census} is the stratum size according to population for a cell, the denominator is the sum of the pre-weights within that cell in this survey, i (= 1 to 8) refers to the HB, j (=1 to 2) to gender, and k (=1 to 5) to age-group.

The overall weight for each respondent will thus be:

$$w_i = w_{p_li} * w_{ps_ijk} .$$

The sum of the grossing weights, w_i , thus equate to the exact population they are to cover. They serve the purpose of both giving each respondent the right amount of influence (relative to other respondents) in determining the overall survey results at national level and scaling the sample to equate to the population. The second of these “notional” components (i.e. the “scaling” component) is a constant for each respondent.

For certain end-purposes, it may be useful to exclude this “grossing” component and simply provide an overall adjusted weight (w_a), such that the mean adjusted weight is exactly 1.00 across the entire sample; i.e.

$$w_a_i = w_i / ((\sum_i w_i) / n) .$$

9.4 Calculation of Survey Design Effects

9.4.1 General Principles

This is a complex survey that differs in various aspects from simple random sampling. As with most population surveys that collect data by personal interviews, the survey uses a multi-stage design. In the first stage, electoral districts (ED) are selected as primary sampling units. Within the electoral districts, residential addresses (households / HHs) are randomly selected as secondary sampling units. The number of secondary sampling units is roughly proportional to the population size of the primary sampling units. One member of each household is selected as final sampling unit following a quasi-random procedure. In the first stage, stratified random sampling is employed for the selection of the primary sampling units. The strata are formed by health board areas and finally, the resulting sample has been weighted in order to calibrate the age-gender distribution in the health boards with the population distribution according to the CSO census.

The complexity of the sample design influences the point estimates of the prevalence rates only by the fact that unequal inclusion probabilities (due to intended unequal selection probabilities or differences in response rates) have to be taken into account. Aiming to reduce sampling bias, point estimates derived from these surveys are based on the samples weighted by calibration (or post-stratification - PS) weights. However, interval estimates of the prevalence rates (confidence intervals) directly depend on the variance of the relevant statistics. In complex surveys such as this one, the variance of the estimates is usually larger than in simple random samples. A measure for this variance inflation is the design effect (DE). The design effect is the ratio of the true variance of a statistic of a complex sample design to the variance of the statistics for a simple random sample with the same number of cases.

Three aspects of complex designs affect the variance inflation: (1) stratification, (2) clustering, (3) weighting. There is a fourth aspect, namely the finite population multiplier, but this only comes into play where sample are large in relation to the population and this is not something which applies in this survey.

- (1) Stratification: Stratification tends to reduce the sampling variance; the variance deflation is stronger the lower the variation on the relevant variables within the strata and the higher the variation between the strata. Disproportional allocation in contrast tends to result in higher sampling variance compared with proportional allocation to strata.
- (2) Clustering: This population survey uses a multi-stage design with Electoral Districts as primary sampling units. These electoral districts are 'clusters'. Clustering almost always leads to inflated sampling variance. The magnitude of the design effect due to clustering is dependent on two aspects, the size of the clusters and the homogeneity within the clusters. Large cluster size and low variation within the clusters increase the sampling variance.

- (3) **Weighting:** Weighting inflates more often than not, the sampling variance and in general, the greater the range of weights across the respondents, the greater the level of variance inflation. If weights are uncorrelated with the variation of the relevant variables, the design effect is larger the more the weights vary. It is however crucial whether groups with higher selection probabilities (smaller weights) exhibit larger variation on the survey variables. If the weights are negatively correlated with the variation on the relevant variables, sampling variance is deflated.

The concept of the “Effective Sample Size”

This is the sample size under a simple random sample design that is equivalent to the actual sample under the complex sample design in terms of the actual level of precision on its estimates which it yields. The effective sample size can be determined by dividing the actual sample size by the design effect. For example, an actual sample of 5,000 units and a design effect of 2 results in an effective sample size of 2,500 units. The same precision of the estimates could thus have been achieved by a simple random sample of half the size.

9.4.2 Design Effect Estimation

For a particular sample with a given design and post-survey adjustment procedure, design effects differ for different statistics, survey variables and subgroups. For this population survey, the design effects have been estimated using the “Proc Surveymeans” procedure in SAS v9.3, which uses the Taylor expansion method to estimate sampling errors of estimators based on complex sample designs. The ratio of the actual sampling errors to the sampling errors derived through making the assumption of there being no clustering, stratification or weighting yields the DE for each measure. SAS (Proc Surveymeans) is a well-used and recognised method of calculating survey design effects.

For the estimation of the design effects, the following design parameters have been used:

- **Weights:** These are described in Section 3 of this note;
- **Strata:** As Health-board areas;
- **Clusters:** Electoral districts were used as clusters;
- **Sampling method:** Random sampling without replacement.

9.4.3 Design effects smaller than one

Confidence intervals and significance levels have been only adjusted for design effects if the estimated design effect is larger than one. In the case of design effect that are smaller than one the statistics has been calculated using the unadjusted procedures. This decision follows the practice of the US National Survey on Drug Use and Health. In cases where the sampled number of positives (drug users) is zero, design effects cannot be calculated and the unadjusted procedures were used.

9.5 Calculation of Confidence Intervals (on proportions)

9.5.1 Sampling

Naturally, not all persons in the sampling frame were interviewed. In fact only a relatively small selection of 7,005 persons were interviewed. Hence, the prevalence rates calculated from the sample are only estimates of the prevalence rate in the frame population.

The same sample design, i.e. the same procedure to derive the sample, could have resulted in an almost infinite number of different samples. If prevalence rates were calculated for these potential samples, the estimated prevalence rates would vary somewhat. This variation is called the sampling variance. The higher the sampling variance the lower the precision of an estimate derived from a particular sample.

9.5.2 Confidence Intervals

For the evaluation of the findings of this survey it is therefore useful to provide not only the sample prevalence rate as estimate of the population prevalence rate, the point estimate, but also an indication of how reliable or precise this estimate is. Such an indication is provided by confidence intervals (CI). A confidence interval is an interval estimate for a population parameter with an associated probability, the confidence level.

For studies like this one, the confidence level is typically 95%. A 95% confidence interval means that if the sampling was repeated numerous times and a confidence interval calculated for each sample, 95 percent of the confidence intervals should contain the population prevalence rate.

9.5.3 Confidence Intervals for single proportions: Clopper-Pearson

The Clopper-Pearson procedure to compute two-sided confidence intervals is based on the binomial procedure. The interval estimator is obtained by inverting the test procedure for two one-sided hypotheses, one for the lower limit and the other for the upper bound. Due to the relationship of the cumulative binomial and beta distributions, the following formula for the confidence interval can be derived as a function of the observed number of drug users k and the sample size n

$$\begin{aligned} & [I^{(-1)}(\alpha/2; k; n-k+1); I^{(-1)}(1-\alpha/2; k+1; n-k)] && \text{for } 0 < k < n, \\ & [0; I^{(-1)}(1-\alpha/2; k+1; n-k)] && \text{for } k = 0, \\ & [I^{(-1)}(\alpha/2; k; n-k+1); 1] && \text{for } k = n. \end{aligned}$$

where $I^{(-1)}$ is the inverse function of the beta distribution with quantile p and shape parameters a and b .

9.5.4 Quality of Clopper-Pearson intervals

Clopper-Pearson confidence intervals guarantee an actual coverage that is at least as high as nominal coverage, i.e. a 95% confidence intervals covers the population rate with a probability larger than 95 percent.

Clopper-Pearson intervals can show substantially higher coverage than the nominal coverage. However, the problem of over-coverage is less severe for large samples as the actual coverage approximates the nominal coverage with increasing n . The results of one simulation study are particularly relevant for drug prevalence surveys because the study examines combinations of k and n how they are typically found in the drug prevalence surveys (Tobi et al., 2005). This study recommended the Clopper-Pearson procedure and showed that they generate confidence intervals that have higher coverage but are not wider than the highly-regarded Wilson score method.

9.6 Identification of significant differences in the point estimates between 2011 and 2015.

9.6.1 Confidence Intervals for difference between independent proportions: Newcombe's hybrid score method.

Exact confidence intervals for the difference between proportions of independent samples (analogous to the Clopper-Pearson procedure for single proportions) are very difficult to compute. Therefore, Newcombe (1998) developed a 'hybrid score method' that is easier to compute than exact methods but avoids the pitfalls of the Wald method.

Newcombe's hybrid score method is based on Wilson's score method for a single proportion. The Wilson score method derives a midpoint for the confidence intervals as a weighted average of the sample proportion and .5 (with the sample proportion gaining greater weight as the sample size rise). Further, the weighted average of the variance of the observed sample proportion and the variance of a proportion of .5 is used instead of the variance of the sample proportion as estimate of the sampling variation.

The Wilson score method derives the following confidence interval for the proportion estimate of sample i . The following two roots provide score type upper and lower $100(1-\alpha)\%$ confidence limits for π .

$$U = (2np\hat{p} + z^2 + z\sqrt{z^2 + 4n(p\hat{p}(1-p\hat{p}))}) / 2(n + z^2) ,$$

$$L = (2np\hat{p} + z^2 - z\sqrt{z^2 + 4n(p\hat{p}(1-p\hat{p}))}) / 2(n + z^2) .$$

For two samples 1 and 2 with $\hat{p}_1 > \hat{p}_2$, the Newcombe hybrid score confidence interval for the difference between the proportion is derived from the lower and upper limits of the Wilson score intervals for single proportions:

$$[(\hat{p}_1 - \hat{p}_2) - z_{(\alpha/2)} \sqrt{((L_{(p_1)} (1 - L_{(p_1)})) / n_1 + (L_{(p_2)} (1 - L_{(p_2)})) / n_2}); (\hat{p}_1 - \hat{p}_2) + z_{(\alpha/2)} \sqrt{((L_{(p_1)} (1 - L_{(p_1)})) / n_1 + (L_{(p_2)} (1 - L_{(p_2)})) / n_2})}].$$

9.6.2 Quality of Newcombe hybrid score intervals

In several studies of the coverage qualities of confidence intervals for the difference between proportions, the Newcombe hybrid score method belonged to the best-performing methods (while Wald was always the poorest performing method).

Appendices

Appendix A	Contact Sheet
Appendix B	Final Questionnaire
Appendix C	Showcards
Appendix D	Self-Complete Questionnaire
Appendix E	Interviewer Instructions
Appendix F	Letter of Introduction (NACDA)
Appendix G	Letter of Introduction (MRBI)
Appendix H	Household Information Sheet
Appendix I	Consent Forms

14-048313-CONTACT SHEET

IDENTIFIERS	Assignment Number 2067 <small>(1-4)</small>		Address 53 BOYNE VIEW JOHNSTOWN NAVANCO. MEATH		(Blank 7-8)	
	Household Number <small>(5-6)</small> 31					
NEIGHBOURHOOD	In the immediate vicinity, how much litter and rubbish is there? <small>(200)</small> Very large amount <input type="checkbox"/> Large amount <input type="checkbox"/> Small amount <input type="checkbox"/> None/ almost none <input type="checkbox"/>	In the immediate vicinity, how much vandalism and/or graffiti is there? <small>(201)</small> Very large amount <input type="checkbox"/> Large amount <input type="checkbox"/> Small amount <input type="checkbox"/> None/ almost none <input type="checkbox"/>	Property type <small>(202-203)</small> <input type="text"/>	Are any of these physical barriers to entry present at the house/flat/ building? Locked common entrance <input type="checkbox"/> Locked gates <input type="checkbox"/> Security staff or gatekeeper <input type="checkbox"/> Entry phone access <input type="checkbox"/> None of these <input type="checkbox"/> Unable to obtain information <input type="checkbox"/>	(Blank 11-20) (204) (205) (206) (207) (208) (209)	
	Gender of person answering the door <small>(210)</small> Male <input type="checkbox"/> Female <input type="checkbox"/>		Approximate age of person answering door <small>(211)</small> Under 20 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Don't know <input type="checkbox"/>			
INITIAL CONTACT						
HOUSEHOLD CONTACT		Date	Month	Time (24 Hr)	Outcome	Notes
	Visit 1					
	Visit 2					
	Visit 3					
	Visit 4					
	Visit 5					
	Visit 6					
	Visit 7					
	Visit 8					
	Visit 9					
INDIVIDUALS AGED 15+ LIVING IN HOUSEHOLD	Person I.D.	Name/ Initials	Last Birthday	Respondent Details		
	Person A					
	Person B					
	Person C					
	Person D					
	Person E					
	Person F					
	Person G					
Person H						
RECONTACT	Telephone number of respondent / household <input type="text"/>		Please tick box if you feel this address should not be contacted by another interviewer and write below the reasons why <input type="checkbox"/> <input type="text"/>			

POPULATION STUDY

INTERVIEWER INSTRUCTION

ENTER FOUR DIGIT ASSIGNMENT NUMBER FROM CONTACT SHEET

ALLOW NUMBER BETWEEN 1 AND 31

ENTER TWO DIGIT ADDRESS NUMBER FROM CONTACT SHEET

INTRODUCTION

Good morning/afternoon/evening. My name is We are conducting a study today about lifestyles such as alcohol, tobacco, drugs and gambling, and I'd like to ask you some questions. The interview will last approximately 25 minutes.

IF ASKED: **This study is being conducted on behalf of the Department of Health and the National Advisory Committee on Drugs and Alcohol 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.

C.1b What was your age at your last birthday?

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

TOBACCO

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

ASK ALL

SHOWCARD 1

Q.1 Do you smoke tobacco products

Yes daily	1	GO TO Q.3
Yes occasionally		GO TO Q.3
No		
Don't know	X	
Refused	Y	

ASK ALL WHO ANS NO AT Q.1

SHOWCARD 1

Q.2 Did you ever smoke tobacco products
(in the past)?

Yes daily	1	CONTINUE
Yes occasionally		
No	2	
Don't know	X	GO TO Q10
Refused	Y	

ASK ALL WHO ANS YES AT Q.2

SHOW CARD 200

INT: EX –SMOKERS ONLY

Q200 About how long has it been since you last smoked tobacco products?

1. Within the past month (anytime< than 1 month ago)
2. Within the past 3 months (1 month but < than 3 months ago)
3. Within the past 6 months (3 months but < than 6 months ago)
4. Within the past year (6 months but < than 1 year ago)
5. Within the past 5 years (1 year but < than 5 years ago)
6. Within the past 10 years (5 years but < than 10 years ago)
7. 10 or more years ago

ASK ALL WHO ANS YES AT Q1 OR YES AT Q2

INT: TO BE ASKED OF SMOKERS AND EX-SMOKERS

Q.3 At what age did you smoke tobacco products for the first time?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q1

MULTICODE

SHOWCARD 201

CODE "0" IF RESPONDENT SMOKES TOBACCO PRODUCTS LESS OFTEN THAN ONCE A WEEK

Q201 On average, how many of the following tobacco products do you smoke each day if you smoke daily or each week if you smoke occasionally?

- | | | | |
|-----|------------------------------------|--------------|----------|
| 1 | Manufactured cigarettes? | Per day/week | |
| 2 | Hand-rolled cigarettes? | Per day/week | |
| 3 | Pipes full of tobacco? | Per day/week | |
| 4 | Cigars? | Per day/week | |
| 5 | Any others? | Per day/week | Specify: |
| 888 | Smokes less often than once a week | | |

ASK ALL

SINGLE CODE

SHOW CARD 202

Q202 Which of these statements BEST applies to you?

1. I have never heard of e-cigarettes and have never tried them
2. I have heard of e-cigarettes but have never tried them
3. I have tried e-cigarettes but do not use them (anymore)
4. I have tried e-cigarettes and still use them
5. Don't know

ALCOHOL

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

ASK ALL

SHOWCARD 10

Q.10 Have you ever drunk any of these types of these alcoholic beverages?

Yes	1	CONTINUE
No	2	GO TO Q.16
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.10

Q.11a At what age did you first drink alcohol 'beyond sips or tastes'?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.10

SHOW CARD 11B

Q.11b How **often** have you consumed alcohol **in the last 12 months**?

Daily		CONTINUE
5-6 times a week		
4 times a week		
3 times a week		
Twice a week		
Once a week		
2-3 times a month		
Once a month		
6-11 times a year		
2-5 times a year		
Once a year		
Dramatically changed drinking in last 12 months	Code 888	GO TO Q.11f
I did not drink in the last year but I drank longer ago		GO TO Q.16
		GO TO Q16
Don't know	X	GO TO Q16
Refused	Y	

ASK ALL WHO CONSUMED ALCOHOL IN LAST 12 MONTH AT Q11B

SHOW CARD 11C

Q.11c Thinking of a typical day during the last 12 months on which you had an alcoholic drink, how many **standard drinks** would you drink

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO CONSUMED ALCOHOL IN LAST 12 MONTH AT Q11B

SHOW CARD 11E

READ OUT

Q.11e During the last 12 months, how often have you consumed (drunk) the equivalent of 6 or more standard drinks on one drinking occasion?

Daily	
5/6 times a week	
4 times a week	
3 times a week	
2 times a week	
Once a week	
2/3 times a month	
Once a month	
6-11 times a year	
2-5 times a year	
Once a year	
Never	
Don't know	X
Refused	Y

ASK ALL WHO CONSUMED ALCOHOL IN LAST 12 MONTH AT Q11B

SHOW CARD 11F

Q.11f What is the highest number of standard drinks that you have drunk on a single day in the last year?

Don't know	X
Refused	Y

← INSERT FIGURE

SEDATIVES AND TRANQUILISERS

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

ASK ALL

SHOW CARD 16 (Sedatives and Tranquilisers)

Q.16 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 Q.25
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.16

SHOW CARD 16 AGAIN

READ OUT

All of the drugs listed on this card are names for sedatives or tranquilisers

Q.17 Do you personally know people who take sedatives or tranquillisers?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q16

Q.18 Have you ever taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	GO TO Q.25
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q18

Q.19 At what age did you first take sedatives or tranquillisers?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.18

Q.20 During the last 12 months have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	GO TO Q.25
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.20

Q.21 During the last 30 days have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	GO TO Q.25
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q21

Q.22 During the last 30 days, on how many days have you taken sedatives or tranquillisers?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.21

SINGLE CODE

SHOW CARD 23

Q.23 What method do you most commonly use to take sedatives or tranquillisers?

Just call me out the number from the card

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

ASK ALL WHO ANS YES AT Q.21

SINGLE CODE

SHOW CARD 24

Q.24 On the last occasion you took sedatives or tranquillisers 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 I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify) _____	5
Don't know	X
Refused	Y

ANTI-DEPRESSANTS

ASK ALL

SHOW CARD 25 (Anti-Depressants)

Q.25 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 Q.34
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.25

SHOW CARD 25 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR ANTI-DEPRESSANTS".

Q.26 Do you personally know people who take anti-depressants?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.25

Q.27 Have you ever taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q.34
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.27

Q.28 At what age did you first take anti-depressants?

← INSERT AGE	
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.27

Q.29 During the last 12 months have you taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q.34
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.29

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

Yes	1	CONTINUE
No	2	GO TO Q.34
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.30

Q.31 During the last 30 days, on how many days have you taken anti-depressants?

← INSERT FIGURE	
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.30

SINGLE CODE

SHOW CARD 32

Q.32 What method do you most commonly use to take anti-depressants?

Oral (Tablets or Syrup)	1
Injection with a needle	2

Just call me out the number from the card

Other (specify) _____	3
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.30

SINGLE CODE

SHOW CARD 33

Q.33 On the last occasion you took 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 I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify) _____	5
Don't know	X
Refused	Y

CANNABIS

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

ASK ALL

SHOW CARD 34 (Cannabis)

Q.34 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 Q.45
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.34

SHOW CARD 34 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR CANNABIS

Q.35 Do you personally know people who take cannabis?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.34

Q.36 Have you ever taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q.38
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.36

Q.37 At what age did you first take cannabis?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.34

SINGLE CODE

SHOW CARD 38

Q.38 How many times have you been offered cannabis either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.36 GO TO Q.39.*

*OTHERS
GO TO Q.45*

ASK ALL WHO ANS YES AT Q.36

Q.39 During the last 12 months have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q.45
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.39

Q.40 During the last 30 days have you taken cannabis?

Yes	1	CONTINUE
No	2	GO TO Q.45
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.40

Q.41 During the last 30 days, on how many days have you taken cannabis?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.40

SINGLE CODE

SHOW CARD 42

Q.42 What type of cannabis do you most commonly use?
Just call me out the number from the card

Grass	1	CONTINUE
Weed	2	
Skunk	3	
Hash Oil	4	GO TO Q.44
Herb	5	CONTINUE
Hash	6	GO TO Q.44
Resin	7	
Other (specify)_____	8	
Don't know	X	
Refused	Y	

ASK ALL WHO ANS CODE 1, 2, 3 OR 5 AT Q.42

Q.43 Is it Irish grown?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.40

SINGLE CODE

SHOW CARD 44

Q.44 What method do you most commonly use to take cannabis?

Just call me out the number from the card

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

ECSTASY

ASK ALL

SHOW CARD 45 (Ecstasy)

Q.45 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 Q.53
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.45

SHOW CARD 45 AGAIN

READ OUT

ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR ECSTASY

Q.46 Do you personally know people who take ecstasy?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.45

Q.47 Have you ever taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q.49
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.47

Q.48 At what age did you first take ecstasy?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.45

SINGLE CODE

SHOW CARD 49

Q.49 How many times have you been offered ecstasy either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

**ALL WHO ANSWERED
YES AT Q47 GO TO
Q50.**

**ALL OTHERS
GO TO Q.53**

ASK ALL WHO ANS YES AT Q.47

Q.50 During the last 12 months have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q.53
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.50

Q.51 During the last 30 days have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q.53
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.51

Q.52 During the last 30 days, on how many days have you taken ecstasy?

Don't know	X
Refused	Y

← INSERT FIGURE**AMPHETAMINES****ASK ALL****SHOW CARD 53 (Amphetamines)**

Q.53 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 Q.62
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.53**SHOW CARD 53 AGAIN****READ OUT****ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR AMPHETAMINES**

Q.54 Do you personally know people who take amphetamines?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.53

Q.55 Have you ever taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q.57
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.55

Q.56 At what age did you first take amphetamines?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.53

SINGLE CODE

SHOW CARD 57

Q.57 How many times have you been offered amphetamines either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.55 GO TO Q.58*

*OTHERS
GO TO Q.62*

ASK ALL WHO ANS YES AT Q.55

Q.58 During the last 12 months have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q.62
Don't know	X	
Refused	Y	

ASK WHO ANS YES AT Q.58

Q.59 During the last 30 days have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q.62
Don't know	X	
Refused	Y	

ASK WHO ANS YES AT Q.59

Q.60 During the last 30 days, on how many days have you taken amphetamines?

Don't know	X
Refused	Y

← INSERT FIGURE

CRACK

ASK ALL

SHOW CARD 62 (Crack)

Q.62 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 Q.70
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.62

SHOW CARD 62 AGAIN

READ OUT

ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR CRACK

Q.63 Do you personally know people who take crack?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.62

Q.64 Have you ever taken crack?

Yes	1	CONTINUE
No	2	GO TO Q.66
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.64

Q.65 At what age did you first take crack?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.62

SINGLE CODE

SHOW CARD 66

Q.66 How many times have you been offered crack either free of charge or to buy in the last 12 months?
Just call me out the number from the card

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.64 GO TO Q.67*

*OTHERS
GO TO Q.70*

ASK ALL WHO ANS YES AT Q.64

Q.67 During the last 12 months have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q.70
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.67

Q.68 During the last 30 days have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q.70
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.68

Q.69 During the last 30 days, on how many days have you taken crack?

Don't know	X
Refused	Y

← INSERT FIGURE

COCAINE

ASK ALL

SHOW CARD 70 (Cocaine)

Q.70 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 Q.79
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.70

SHOW CARD 70 AGAIN

READ OUT

ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR COCAINE

Q.71 Do you personally know people who take cocaine?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.70

Q.72 Have you ever taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q.74
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.72

Q.73 At what age did you first take cocaine?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.70

SINGLE CODE

SHOW CARD 74

Q.74 How many times have you been offered cocaine either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.72 GO TO Q.75*

*OTHERS
GO TO Q.79*

ASK ALL WHO ANS YES AT Q.72

Q.75 During the last 12 months have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q.79
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.75

Q.76 During the last 30 days have you taken cocaine?

Yes	1	CONTINUE
No	2	GO TO Q.79
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.76

Q.77 During the last 30 days, on how many days have you taken cocaine?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.76

SINGLE CODE

SHOW CARD 78

Q.78 What method do you most commonly use to take cocaine? **Just call me out the number from the card**

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

HEROIN

ASK ALL

SHOW CARD 79 (Heroin)

Q.79 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 Q.88
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.79

SHOW CARD 79 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR HEROIN

Q.80 Do you personally know people who take heroin?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.79

Q.81 Have you ever taken heroin?

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

ASK ALL WHO ANS YES AT Q.81

Q.82 At what age did you first take heroin?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT .Q79

SINGLE CODE

SHOW CARD 83

Q.83 How many times have you been offered heroin either free of charge or to buy in the last 12 months?
Just call me out the number from the card

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.81 GO TO Q.84*

*OTHERS
GO TO Q.88*

ASK ALL WHO ANS YES AT Q.81

Q.84 During the last 12 months have you taken heroin?

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

ASK ALL WHO ANS YES AT Q.84

Q.85 During the last 30 days have you taken heroin?

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

ASK ALL WHO ANS YES AT Q.85

Q.86 During the last 30 days, on how many days have you taken heroin?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.85

SINGLE CODE

SHOW CARD 87

Q.87 What method do you most commonly use to take heroin? **Just call me out the number from the card**

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

LSD

ASK ALL

SHOW CARD 88 (LSD)

Q.88 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 Q96
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES TO Q.88

SHOW CARD 88 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR LSD

Q.89 Do you personally know people who take LSD?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES TO Q.88

Q.90 Have you ever taken LSD?

Yes	1	CONTINUE
No	2	GO TO Q.92
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES TO Q.90

Q.91 At what age did you first take LSD?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES TO Q.88

SINGLE CODE

SHOW CARD 92

Q.92 How many times have you been offered LSD either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.90 GO TO
Q.93*

OTHERS GO TO Q96

ASK ALL WHO ANS YES TO Q.90

Q.93 During the last 12 months have you taken LSD?

Yes	1	CONTINUE
No	2	GO TO Q.96
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES TO Q.93

Q.94 During the last 30 days have you taken LSD?

Yes	1	CONTINUE
No	2	GO TO Q.96
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES TO Q.94

Q.95 During the last 30 days, on how many days have you taken LSD?

Don't know	X
Refused	Y

← INSERT FIGURE

SOLVENTS

ASK ALL

SHOW CARD 96 (Solvents)

Q.96 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 Q.104
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.96

SHOW CARD 96 AGAIN

READ OUT: ALL OF THE THINGS LISTED ON THIS CARD ARE NAMES FOR SOLVENTS

Q.97 Do you personally know people who take solvents?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.96

Q.98 Have you ever taken solvents?

Yes	1	CONTINUE
No	2	GO TO Q.100
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.98

Q.99 At what age did you first take solvents?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.96

SINGLE CODE

SHOW CARD 100

Q.100 How many times have you been offered solvents either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q98 GO TO Q.101*

*OTHERS GO TO
Q.104*

ASK ALL WHO ANS YES AT Q.98

Q.101 During the last 12 months have you taken solvents?

Yes	1	CONTINUE
No	2	GO TO Q.104
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.101

Q.102 During the last 30 days have you taken solvents?

Yes	1	CONTINUE
No	2	GO TO Q.104
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.102

Q.103 During the last 30 days, on how many days have you taken solvents?

Don't know	X
Refused	Y

← INSERT FIGURE

POPPERS

ASK ALL**SHOW CARD 104 (Poppers)**

Q.104 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 Q.112
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.104**SHOW CARD 104 AGAIN**

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR POPPERS

Q.105 Do you personally know people who take poppers?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q104

Q106 Have you ever taken poppers?

Yes	1	CONTINUE
No	2	GO TO Q.108
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.106

Q.107 At what age did you first take poppers?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.104

SHOW CARD 108

Q.108 How many times have you been offered poppers either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

*ALL WHO
ANSWERED YES AT
Q.106 GO TO Q.109*

*OTHERS GO TO
Q.112*

ASK ALL WHO ANS YES AT Q.106

Q.109 During the last 12 months have you taken poppers?

Yes	1	CONTINUE
No	2	GO TO Q.112
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.109

Q.110 During the last 30 days have you taken poppers?

Yes	1	CONTINUE
No	2	GO TO Q.112
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.110

Q.111 During the last 30 days, on how many days have you taken poppers?

Don't know	X
Refused	Y

← INSERT FIGURE

MAGIC MUSHROOMS

ASK ALL

SHOW CARD 112 (Magic Mushrooms)

Q.112 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 Q.121
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.112

SHOW CARD 112 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR MAGIC MUSHROOMS

Q.113 Do you personally know people who take magic mushrooms?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.112

Q.114 Have you ever taken magic mushrooms?

Yes	1	CONTINUE
No	2	GO TO Q.116
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.114

Q.115 At what age did you first take magic mushrooms?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.112

SINGLE CODE

SHOW CARD 116

Q.116 How many times during the last 12 months have you been offered magic mushrooms either free of charge or to buy? **Just call me out the number from the card**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO
ANSWERED YES AT
Q.114 GO TO Q.117

OTHERS GO TO
Q.121

ASK ALL WHO ANS YES AT Q.114

Q.117 During the last 12 months have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	GO TO Q.121
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.117

Q.118 During the last 30 days have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	GO TO Q.121
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.118

Q.119 During the last 30 days, on how many days have you taken magic mushrooms?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.118

SINGLE CODE

SHOW CARD 120

Q.120 On the last occasion you took magic mushrooms how had you obtained them?

Just call me out the number from the card

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

METHADONE

ASK ALL

SHOW CARD 121 (Methadone)

Q.121 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 Q.138
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.121

SHOW CARD 121

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR METHADONE

Q.122 Do you personally know people who take methadone?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.121

Q.123 Have you ever taken methadone?

Yes	1	CONTINUE
No	2	GO TO Q.138
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.123

Q.124 At what age did you first take methadone?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.123

Q.125 During the last 12 months have you taken methadone?

Yes	1	CONTINUE
No	2	GO TO Q.138
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.125

Q.126 During the last 30 days have you taken methadone?

Yes	1	CONTINUE
No	2	GO TO Q.138
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.126

Q.127 During the last 30 days, on how many days have you taken methadone?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.126

SINGLE CODE

SHOW CARD 128

Q.128

On 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 (GP or Clinic)	1
I got it from someone I know	2
I bought it without a prescription in a chemist	3
I bought it over the internet	4
I bought it on the Street	5
Other (specify) _____	6
Don't know	X
Refused	Y

OTHER OPIATES

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

ASK ALL

SHOW CARD 138 (Other Opiates)

Q.138 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 Q.146
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.138

SHOW CARD 138 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR OTHER OPIATES EXCLUDING HEROIN AND METHADONE

Q.139 Do you personally know people who take other opiates?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.138

Q.140 Have you ever taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q.146
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.140

Q.141 At what age did you first take other opiates?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q140

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

Yes	1	CONTINUE
No	2	GO TO Q.146
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.142

Q.143 During the last 30 days have you taken other opiates?

Yes	1	CONTINUE
No	2	GO TO Q.146
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.143

Q.144 During the last 30 days, on how many days have you taken other opiates?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.143

SINGLE CODE

SHOW CARD 145

Q.145 *On 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 I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify) _____	5
Don't know	X
Refused	Y

ANABOLIC STEROIDS

ASK ALL

SHOW CARD 146 (Anabolic Steroids)

Q.146 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 Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.146

SHOW CARD 146 AGAIN

READ OUT: ALL OF THE DRUGS LISTED ON THIS CARD ARE NAMES FOR ANABOLIC STEROIDS

Q.147 Do you personally know people who take anabolic steroids?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.146

Q.148 Have you ever taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.148

Q.149 At what age did you first take anabolic steroids?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.148

Q.150 During the last 12 months have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.150

Q.151 During the last 30 days have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	GO TO Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.151

Q.152 During the last 30 days, on how many days have you taken anabolic steroids?

Don't know	X
Refused	Y

← INSERT
FIGURE

ASK ALL WHO ANS YES AT Q.151

SINGLE CODE

SHOW CARD 153

Q.153 *On 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 I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify) _____	5
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.151

SINGLE CODE

SHOW CARD 153A

Q.153a What method do you most commonly use to take anabolic steroids?
Just call me out the number from the card

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

NEW PSYCHOACTIVE SUBSTANCES

ASK ALL

SHOW CARD 203

Q.203 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 Q.154

ASK ALL WHO ANS YES AT Q.203

SHOW CARD 203 AGAIN

Q.204 Do you personally know people who take any of the substances presented on this show card?

Yes	1
No	2
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.203

Q.205 Have you ever taken any of the substances presented on this show card?

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

ASK ALL WHO ANS YES AT Q.205

Q.206 At what age did you first take any of the substances presented on this show card?

Don't know	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q203

SINGLE CODE

SHOW CARD 207

Q207 How many times have you been offered any of the substances presented on this show card either free of charge or to buy in the last 12 months? **Just call me out the number from the card**

This question should not have an "other specify" option on script

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.205

SHOW CARD 183

Q.183 Have you taken any of the substances presented on this show card in the last 12 months?

Show card, if Yes to any listed on card code Yes and Continue.

Yes	1	CONTINUE
No	2	GO TO Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.183

Q.208 During the last 30 days have you taken any of the substances presented on this show card?

Yes	1	CONTINUE
No	2	GO TO Q.154
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q208

Q.209 During the last 30 days, on how many days have you taken any of the substances presented on this show card?

Don't know	X
Refused	Y

← INSERT FIGURE

ASK ALL WHO ANS YES AT Q.208

MULTICODE

SHOW CARD 183 AGAIN

Q.184 What is/are the name of the substances that you took?

Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence, Bonazi, Kingb, Pulse	1	CONTINUE
Party Pills or Herbal Highs	2	
Bathsalts, Plantfeeders, Snowblow, Wildcat, Hurricane Charlie, Whack, White Ice, Bubble (Mephedrone)	3	
Kratom (Krypton)	4	
Salvia, Magic mint, Divine mint or Sally D	5	
Other, please specify	6	
Don't know		GO TO Q.154
Refused		

ASK ALL WHO ANS CODES 1-6 AT Q184

SHOW CARD 185

Q185 Where did you get the substance(s)?

INTERVIEWER: PUT ANY MENTIONS OF HEMPSHOP, BUZZSHOP, GROWSHOP AND SMARTSHOP INTO CODE 3

I got them from a friend or someone I know	1
I bought them over the internet	2
I bought them in a headshop	3
I bought them in a shop other than a headshop	4
I bought them in a market	5
I bought them from a dealer	6
Other, please specify	7
Don't know	X
Refused	Y

OPINIONS

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

ASK ALL

SHOW CARD 154

Q.154 Do you perceive a drug addict more as a criminal or more as a patient?

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

ASK ALL**SHOW CARD 155**

Q.155 To what extent do you agree with the following statements

READ OUT IN TURN ↓	Fully agree	Somewhat agree	Neither	Somewhat disagree	Fully disagree	DK	Refused
"People should be permitted to take cannabis for medical reasons"	1	2	3	4	5	X	Y
"People should be permitted to take cannabis for recreational reasons"	1	2	3	4	5	X	Y
"People should be permitted to take heroin"	1	2	3	4	5	X	Y

ASK ALL**SHOW CARD 156**

Q.156 Individuals differ in whether or not they disapprove of people doing certain things. I will mention a few things which some people might do. Can you tell me if you would Not Disapprove, Disapprove or Strongly Disapprove when people do any of these things?

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

ASK ALL**SHOW CARD 157**

Q.157 Now I would like to know how much do you think that people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things some people might do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk, if people do such things.

READ OUT IN TURN ↓	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't know	Refused
(a) Smoke one or more packs of cigarettes a day	1	2	3	4	X	Y
(b) Binge drink	1	2	3	4	X	Y
(c) Smoke cannabis regularly	1	2	3	4	X	Y
(d) Try ecstasy once or twice	1	2	3	4	X	Y
(e) Try cocaine once or twice	1	2	3	4	X	Y
(f) Try crack once or twice	1	2	3	4	X	Y

THOSE WHO HAVE TAKEN CANNABIS

“I’d like to ask you a few more questions about some of the substances you said earlier that you had used”.

ASK ALL WHO ANS YES AT Q.36

Q.160 Earlier in the study you stated that you have taken cannabis, have you ever taken cannabis regularly?

Yes	1	CONTINUE
No	2	
Don’t know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.160

Q.161 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	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.160

SHOW CARD 162

Q.162 Have you ever tried to stop taking cannabis?

Tried to and stopped	1	CONTINUE
Stopped without trying to	2	
Tried to, but did not stop	3	
No	4	
Don’t know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.162

SINGLE CODE

SHOW CARD 163

Q.163 What was the main reason for stopping/trying to stop taking cannabis?

Just call me out the number from the card – CODE ONE ONLY

Cost/could no longer afford it	1	Put on rehabilitation programme	9
Persuaded by friends/family	2	Did not want to take anymore	10
Impact on job/friends/family	3	Did not enjoy after effects	11
No longer part of social life	4	The pros of taking did not outweigh the cons	12
Concern about health/health reasons	5	Other (specify) _____	13
Pregnancy	6	Don’t know	X
Less available supply	7	Refused	Y
Gave up smoking cigarettes	8		

TAKEN CANNABIS IN LAST 12 MONTHS

ASK ALL WHO ANS YES AT Q.39

SINGLE CODE

SHOW CARD 172

Q.172 How did you get the cannabis on the last occasion you used it?
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
Other (specify) _____	8
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.39

SINGLE CODE

SHOW CARD 173

Q.173 In which of the following places did you obtain the cannabis on the last occasion you used it?
Just call me out the number from the card

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Music Festival	9
Other (specify) _____	10
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.39

SINGLE CODE

SHOW CARD 174

Q.174 How easy or difficult is it to obtain cannabis in a 24 hour period?
Just call me out the number from the card

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

THOSE WHO HAVE TAKEN ECSTASY

ASK ALL WHO ANS YES AT Q.47

Q.164 Earlier in the study you stated that you have taken ecstasy, have you ever taken ecstasy regularly?

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

ASK ALL WHO ANS YES AT Q.164

Q.165 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	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.164

SHOW CARD 166

Q.166 Have you ever tried to stop taking ecstasy?

Tried to and stopped	1	CONTINUE
Stopped without trying to	2	
Tried to, but did not stop	3	
No	4	
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.166

SINGLE CODE

SHOW CARD 167

Q.167 What was the main reason for stopping/trying to stop taking ecstasy?

Just call me out the number from the card

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

TAKEN ECSTASY IN LAST 12 MONTHS

ASK ALL WHO ANS YES AT Q.50

SINGLE CODE

SHOW CARD 175

Q.175 How did you get the ecstasy on the last occasion you used it?
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
Other (specify) _____	8
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.50

SINGLE CODE

SHOW CARD 176

Q.176 In which of the following places did you obtain the ecstasy on the last occasion you used it?

Just call me out the number from the card

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Music Festival	9
Other(specify) _____	10
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.50

SINGLE CODE

SHOW CARD 177

Q.177 How easy or difficult is it to obtain ecstasy in a 24 hour period?

Just call me out the number from the card

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

THOSE WHO HAVE TAKEN COCAINE

ASK ALL WHO ANS YES AT Q.72

Q.168 Earlier in the study you stated that you have taken cocaine, have you ever taken cocaine regularly?

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

ASK ALL WHO ANS YES AT Q.168

Q.169 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	X
Refused	Y

← INSERT AGE

ASK ALL WHO ANS YES AT Q.168

SHOWCARD 170

Q.170 Have you ever tried to stop taking cocaine?

Tried to and stopped	1	CONTINUE
Stopped without trying to	2	
Tried to, but did not stop	3	
No	4	
Don't know	X	
Refused	Y	

ASK ALL WHO ANS YES AT Q.170

SINGLE CODE

SHOWCARD 171

Q.171 What was the main reason for stopping/trying to stop taking cocaine?

Just call me out the number from the card –

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

TAKEN COCAINE IN LAST 12 MONTHS

ASK ALL WHO ANS YES AT Q.75

SINGLE CODE

SHOW CARD 178

Q.178 How did you get the cocaine on the last occasion you used it?

Just call me out the number from the card
CODE ONE ONLY

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

ASK ALL WHO ANS YES AT Q.75

SINGLE CODE

SHOW CARD 179

Q.179 In which of the following places did you obtain the cocaine on the last occasion you used it?

Just call me out the number from the card

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Music Festival	9
Other (specify) _____	10
Don't know	X
Refused	Y

ASK ALL WHO ANS YES AT Q.75

SINGLE CODE

SHOW CARD 180

Q.180 How easy or difficult is it to obtain cocaine in a 24 hour period?

Just call me out the number from the card

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

GAMBLING

I am now going to ask you a few questions about gambling.

ASK ALL

SHOWCARD 210 (Page 72)

Q.210 Over the past 12 months, have you done any of the activities listed on this card? **MULTI CODE**

	Activity	Including
1	Bought a lottery ticket or scratchcard in person	Includes all National Lottery draws and scratchcards, Lotto/Euromillions, charity/GAA lotteries etc. played in person
2	Played lottery games online	Includes all National Lottery draws and scratchcards, Euromillions, charity/GAA lotteries etc. played online
3	Gambled in a bookmaker's shop	Includes all activities undertaken in person in a bookmaker's shop
4	Gambled online or by telephone	Includes all online gambling sites, betting exchanges and online casinos, as well as telephone betting facilities or mobile phone betting apps offered by bookmakers
5	Placed a bet at a horse or dog racing meeting	Includes all on-course betting with bookmakers and Tote (including point-to-point racing and greyhound coursing events)
6	Played games at a casino	Includes table games such as cards, roulette etc. played in a casino
7	Played a gaming/slot machines	Played in a casino, gaming arcade or other places
8	Played a card game for money with friends/family	
9	Played bingo in person	Not including bingo played online or on scratchcards
10	Other (please specify: _____)	
11	Did not gamble in the last 12 months	GO TO SELF COMPLETION SECTION/CLASSIFICATION

ASK ALL WHO GAMBLED IN A BOOKMAKER'S SHOP

SHOWCARD 211A

Q.211a You said that you placed a bet in a bookmaker's shop in the past 12 months. Which of the following types of bets have you placed in a bookmaker's shop in the past 12 months? **MULTI CODE**

SHOWCARD 211A

Sports event (including horse racing and all other sports)	1
Other type of event (for example, politics, current affairs, music, television event etc.)	2
Virtual event (e.g. virtual horse race)	3
Numbers (e.g. lotteries)	4
Games/casino games (e.g. roulette, poker, blackjack)	5
Other (specify)	6
Can't recall/ don't know	7

ASK ALL WHO GAMBLED ONLINE OR BY TELEPHONE

Q.211b You said that you placed a bet online or by telephone in the past 12 months. Which of the following types of bets have you placed online or by telephone in the past 12 months? **MULTI CODE**

SHOWCARD 211B

Sports event (including horse racing and all other sports)	1
Other type of event (for example, politics, current affairs, music, television event etc.)	2
Virtual event (e.g. virtual horse race)	3
Numbers (e.g. lotteries)	4
Games/casino games (e.g. roulette, poker, blackjack)	5
Bingo	6
Other (specify)	7
Can't recall/ don't know	8

ASK ALL WHO SELECTED A CATEGORY AT Q.210

Q.212 Over the past 12 months, how often have you...?

READ OUT EACH ACTIVITY SELECTED AT Q.210

SHOWCARD 212

	Daily	2-6 times per week	Once a week	Less than once a week, more than once a month	Monthly	6 to 11 times per year	2 to 5 times per year	Once in the last 12 months	Don't know
Bought a lottery ticket or scratchcard in person									
Played lottery games online									
Placed a bet on a sports event in a bookmaker's shop									
Placed a bet on an event like politics, current affairs, music, television etc. in a bookmaker's shop									
Placed a bet on a virtual event in a bookmaker's shop									
Placed a bet on Numbers in a bookmaker's shop									
Played games/casino games at a bookmaker's shop									
Placed a bet on _____ (taken from Other specify) in a bookmaker's shop									
Placed a bet on a sports event online or by telephone									
Placed a bet on an event like politics, current affairs, music, television etc. online or by telephone									
Placed a bet on a virtual event online									
Placed a bet on Numbers online									
Played games/casino games online									
Played bingo online									
Placed a bet on _____ (taken from Other specify) online or by telephone									
Placed a bet at a horse or dog racing meeting									
Played games at a casino									
Played a gaming/slot machines									
Played a card game for money with friends/family									
Played bingo in person									
Other (please specify: _____)									

ASK ALL WHO SELECTED A CATEGORY AT Q.210

Q.213 Over the past 12 months what is the total amount you have spent On...?

READ OUT EACH ACTIVITY SELECTED AT Q.210

SHOWCARD 213

	Up to €250	€251 to €500	€501 to €1000	€1001 to €2000	€2001 to €5000	More than €5000	Don't know
Bought a lottery ticket or scratchcard in person							
Played lottery games online							
Placed a bet on a sports event in a bookmaker's shop							
Placed a bet on an event like politics, current affairs, music, television etc. in a bookmaker's shop							
Placed a bet on a virtual event in a bookmaker's shop							
Placed a bet on Numbers in a bookmaker's shop							
Played games/casino games at a bookmaker's shop							
Placed a bet on _____ (taken from Other specify) in a bookmaker's shop							
Placed a bet on a sports event online or by telephone							
Placed a bet on an event like politics, current affairs, music, television etc. online or by telephone							
Placed a bet on a virtual event online							
Placed a bet on Numbers online							
Played games/casino games online							
Played bingo online							
Placed a bet on _____ (taken from Other specify) online or by telephone							
Placed a bet at a horse or dog racing meeting							
Played games at a casino							
Played a gaming/slot machines							
Played a card game for money with friends/family							
Played bingo in person							
Other (please specify: _____)							

ASK ALL WHO SELECTED A CATEGORY AT Q.210

Q.214 In which of the following ways do you pay for these activities? **MULTI CODE**

SHOWCARD 214

In cash	1
By credit/debit card	2
Through an account with a bookmaker where I deposit money to bet with (e.g. online/telephone)	3
Through an account with a bookmaker/casino that provides me with credit that I can bet with	4
Other (specify)	5
Don't know	6

SELF COMPLETION SECTION

INTERVIEWER TO READ OUT GENERAL INTRODUCTION:

For the next part of the interview I am going to give you some questions to fill in yourself. . These are more in depth questions relating to alcohol and cannabis use and gambling behaviour.

Q – How is the respondent completing this part of the survey?

Pen and Paper

Laptop

ALL WHO ANSWERED CODE 1 (PEN & PAPER)

ENTER ID NUMBER OF SELF- COMPLETION QUESTIONNAIRE

Please ask the respondent to complete sections [A (alcohol),B (gambling),C (cannabis)].

ALL PARTICIPANTS SHOULD ANSWER Q195 OF THE SELF-COMPLETION QUESTIONNAIRE REGARDLESS OF WHETHER THEY HAVE EVER DRANK ALCOHOL OR NOT (Q195 is located on page 3 of the self-completion questionnaire).

READ OUT:

The answers to these questions are completely confidential. WHEN YOU HAVE FINISHED THE QUESTIONS PLEASE PUT IN THE ENVELOPE AND SEAL IT.

We would very much appreciate if **you could answer all the questions as honestly as possible.**

(SKIP TO DEMOGRAPHICS)

ALL WHO ANSWERED CODE 2 (LAPTOP)

THE ANSWERS TO THESE QUESTIONS ARE COMPLETELY CONFIDENTIAL. WHEN YOU HAVE FINISHED THE QUESTIONS THEY WILL GET SENT PRIVATELY OVER THE INTERNET STRAIGHT TO THE RESEARCH TEAM WITHOUT ANYONE ELSE SEEING WHAT YOU HAVE SAID.

We would very much appreciate if **you could answer all the questions as honestly as possible.**

There are a couple of practice questions at the start so that you can get the hang of it.

Please pass laptop to respondent

HOW TO FILL IN THIS PART OF THE SURVEY

- ❑ Please **read each question carefully** and take your time to answer.
- ❑ Answer simply **by entering the numbers** next to the answers you want to give.
- ❑ To move to the next page press SHIFT + RETURN at the same time on the keypad.
- ❑ If you see **a question that you can't answer** or don't want to answer, just enter the number for "don't know" and go to the next question.
- ❑ Just **ask the interviewer** if you have any questions as you fill in the survey.

This survey is completely confidential and the interviewer will not have any access to your answers

Note for scripting:

All questions in the self-completion section should be scripted so that:

- 1) The respondent just needs to enter the response number and it moves to the next question automatically
- 2) There is no need for the respondent to scroll down a list – i.e. grid questions split over multiple screens

PRACTICE QUESTION

During the last 12 months....

	Yes	No	Don't know
P1 Have you stayed up later than you wanted to as you were watching something on television?	1	0	8
P2 Did you have times when you tried to improve your diet?	1	0	8

Cannabis Self -Completion

ASK ALL WHO ANS YES AT Q39

ROTATE

“This part of the survey is going to ask you more detailed questions about your cannabis use and some of the questions will appear to be eliciting the same information. This is because the researchers want to compare two ways of asking about cannabis use to determine if the shorter method is as good as the longer method. If the shorter method is as good as the longer method, the researchers will use these questions in future surveys. We need your help to do this”

Q215 In the past 12 months:

	Never	Rarely	From time to time	Fairly often	Very often	Don't Know	Prefer not to say
215.1 Have you ever smoked cannabis before midday?							
215.2 Have you ever smoked cannabis when you were alone?							
215.3 Have you ever had memory problems when you smoked cannabis?							
215.4 Have friends or members of your family ever told you that you ought to reduce your cannabis use?							
215.5 Have you ever tried to reduce or stop your cannabis use without succeeding?							
215.6 Have you ever had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc.)?							

ASK ALL WHO ANS YES AT Q.39

Q.191 As a result of your cannabis use in the last 12 months,

	No	Yes, once	Yes, more than once	Don't know	Prefer not to say	Not Applicable
191.1. Did you experience significant problems at work, at school or when taking care of the household? Examples of significant problems are: Missed days and poor performance at work or school/college; Suspended or expelled from school; Neglected children and or other family members	1	2	3	X	Y	
191.2. Were you at increased risk of injury? 191.2a. Have you accidentally hurt yourself?	1	2	3	X	Y	
191.4. Have you committed an offence? Examples of committing an offence are: Possession of cannabis for use, sale or supply Theft to obtain the substance Driving under its influence	1	2	3	X	Y	
191.5. Have your friends and family expressed concern about its use?	1	2	3	X	Y	
191.6. Have you experienced a break-up in your relationship with a partner?	1	2	3	X	Y	Z
191.7. Have you had financial troubles?	1	2	3	X	Y	
191.8. Have you physically attacked anybody?	1	2	3	X	Y	

THOSE WHO HAVE USED CANNABIS

ASK ALL WHO ANS YES AT Q/36

Q.192 As a result of your cannabis use

	No, never	Yes, in the last 12 months	Yes, but more than 12 months ago	Don't know	Prefer not to say
192.1. Have you needed to take more than before to achieve the same effect or have you found that the same amount had less effect than before?	1	2	3	X	Y
192.2. When you used less or none at all , did you experience any of the following:- trouble sleeping; sweating; trembling; rapid heartbeat; anxiety; irritability or depression?	1	2	3	X	Y
192.2a. If so, have you taken cannabis in order to ease these symptoms or to prevent them recurring?	1	2	3	X	Y
192.3a. Have you used more on a single occasion than you originally intended?	1	2	3	X	Y
192.3b. Have you used more over a longer time-period than you originally intended?	1	2	3	X	Y
192.4. Have you wanted to cut down or stop using on more than one occasion?	1	2	3	X	Y
192.4a. On more than one occasion have you tried to stop or reduce but did not succeed? Only a single score permitted	1	2	3	X	Y
192.5. Have you found that cannabis has taken over your life, by this I mean have you spent a lot of time obtaining it, using it or recovering from its effect?	1	2	3	X	Y
192.6. Have you restricted or abandoned important activities, such as sport, work or being with family or friends?	1	2	3	X	Y

	No, never	Yes, in the last 12 months	Yes, but more than 12 months ago	Don't know	Prefer not to say
192.7. Have you experienced any of these health problems? Eye and mouth dryness Nausea Hoarseness Persistent cough	1	2	3	X	Y
192.7a. If so, have you continued to use it despite those health problems?	1	2	3	X	Y
192.8. Have you experienced any of these emotional or psychological problems? Apathy (not caring about anything) Depression Paranoia (suspicion of other people, feelings that people are thinking and talking about you) Thinking and seeing things differently Heightened sense of awareness	1	2	3	X	Y
192.8a. If so, have you continued to use it despite those psychological problems?	1	2	3	X	Y

Alcohol Self-Completion

ASK ALL WHO HAVE CONSUMED ALCOHOL (CODES 1-12 AT 11B) IN THE LAST 12 MONTHS

I am just going to ask a few questions about alcohol

WE ARE ASKING THIS QUESTION OF EVERYONE WHO DRANK ALCOHOL IN THE LAST 12 MONTHS

Q.193a During the last 12 months....

	Yes	No	Don't know	Prefer not to say
S5 Did you need to drink a larger amount of alcohol to get an effect, or did you find that you could no longer get a "buzz" or a high on the amount you used to drink?	1	0	8	
S6 Did you have times during the past 12 months when you stopped, cut down, or went without drinking and then experienced withdrawal symptoms, for example fatigue, headaches, diarrhoea, the shakes, or emotional problems?	1	0	8	
S7 Did you have times during the past 12 months when you took a drink to keep from having problems like these?	1	0	8	
S8 Did you have times during the past 12 months when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended?	1	0	8	
S9 Were there ever times during the past 12 months when you drank more frequently or for more days in a row than you intended?	1	0	8	
S10 Did you have times during the past 12 months when you started drinking and became drunk when you didn't want to?	1	0	8	
S11 Were there times during the past 12 months when you tried to stop or cut down on your drinking and found that you were not able to do so?	1	0	8	
S12 Did you have periods during the past 12 months of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?	1	0	8	
S13 Did you have a time during the past 12 months when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family?	1	0	8	
S14 During the past 12 months, did you continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?	1	0	8	

ASK ALL WHO HAVE CONSUMED ALCOHOL (CODES 1-12 AT 11B) IN THE LAST 12 MONTHS

SINGLE CODE

Q.193B Please look at the statements on this showcard and tell me which if any of these you feel best applies to you

I am a heavy drinker	1
I am a heavy drinker and sometimes I binge drink	2
I am a moderate drinker	3
I am a moderate drinker and sometimes I binge drink	4
I am a light drinker	5
I am a light drinker and sometimes I binge drink	6
Don't know	7
Prefer not to say	8

ASK ALL WHO HAVE CONSUMED ALCOHOL (CODES 1-12 AT 11B) IN THE LAST 12 MONTHS

Q.194 During the **last 12 months**, have you ...?

	Yes once	Yes more than once	No	Don't know	Prefer not to say
Got into a physical fight when you had been drinking	1	2	3	X	Y
Been in an accident when you had been drinking	1	2	3	X	Y
Ever felt that you should cut down on your drinking	1	2	3	X	Y
Regretted something you said or did after drinking	1	2	3	X	Y
Felt that your drinking harmed your friendships or social life	1	2	3	X	Y
Felt that your drinking harmed your home life or marriage	1	2	3	X	Y
Felt that your drinking harmed your work or studies	1	2	3	X	Y
Felt that your drinking harmed your health	1	2	3	X	Y

ASK ALL

Next we would like to ask you about some consequences you may have experienced as a result of someone else's drinking

Q.195 During the last 12 months have you?

GAMBLING SELF-COMPLETION

ASK ALL WHO GAMBLED IN LAST YEAR (YES AT Q210)

DSM1 For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

When you gamble, how often do you go back another day to win back money you lost?

1. Every time I lost
2. Most of the time I lost
3. Some of the time (less than half of the time) I lost
4. Never
5. Don't know
6. Prefer not to say

DSM2 In the last 12 months how often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM3 In the last 12 months have you needed to gamble with more and more money to get the excitement you are looking for?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM4 In the last 12 months have you felt restless or irritable when trying to cut down gambling?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM5 In the last 12 months have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM6 In the last 12 months have you lied to family, or others, to hide the extent of your gambling?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM7 In the last 12 months have you made unsuccessful attempts to control, cut back or stop gambling?

1. Very often
2. Fairly often
3. Occasionally
4. Never

DSM8 In the last 12 months have you committed a crime in order to finance gambling or to pay gambling debts?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM9 In the last 12 months have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

DSM10 In the last 12 months have you asked others to provide money to help with a desperate financial situation caused by gambling?

1. Very often
2. Fairly often
3. Occasionally
4. Never
5. Don't know
6. Prefer not to say

PGSI1 In the past 12 months, how often have you bet more than you could really afford to lose?

1. Almost always
2. Most of the time
3. Some of the time
4. Never
5. Don't know
6. Prefer not to say

PGSI2 In the past 12 months, how often have you needed to gamble with larger amounts of money to get the same excitement?

1. Almost always
2. Most of the time
3. Some of the time
4. Never
5. Don't know
6. Prefer not to say

PGSI3 In the past 12 months, how often have you gone back to try to win back the money you'd lost?

1. Almost always
2. Most of the time
3. Some of the time
4. Never
5. Don't know
6. Prefer not to say

PGSI4 In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

1. Almost always
2. Most of the time
3. Some of the time
4. Never
5. Don't know
6. Prefer not to say

PGS15 In the past 12 months, how often have you felt that you might have a problem with gambling?

1. Almost always
2. Most of the time
3. Some of the time
4. Never
5. Don't know
6. Prefer not to say

AT END OF SELF COMPLETION SECTION

**“This section is now complete. Thank you for your participation.
Please pass the laptop back to the interviewer.”**

WHEN COLLECTING DEMOGRAPHICS AND TAKING CONTACT DETAILS STATE:

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

REPEAT CONFIDENTIALITY REASSURANCE IF CONCERNED ABOUT CONFIDENTIALITY

O.U.O Job No:

CLASSIFICATION

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

SHOW CARD C2

C.2 Which of these describes you?

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

C.3 Please circle one

of the following:

Male	1
<i>Female</i>	2

SHOW CARD C4

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

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

SHOWCARD C5a**C.5a Which one of these best describes your current living situation? PROBE**

Own my own home	Owned Outright	1
	Owned with a mortgage	2
Rent my own home	Rented from a private landlord	3
	Rented from a local authority	4
	Rented from a housing association	5
	Part owned/Part rented	6
Other	Other (Specify)	7
	Live with my parents/other family members	8

C.5b How many children are currently dependent on you?
Please only include children aged up to 18 years.

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

C.5c ASK FOR EACH CHILD**(Skip to C5d if no children)**

What is the age of your [oldest / next oldest / next oldest etc.] dependent child? STATE EXACT AGE

Refused Y

Don't know X

C.5ci And [does this child / all these children]
live with you?

- li
- Yes
 - No
 - Refused

If "No" and have more than one child

Which of these children do not live with you?

- Child 1 aged ____
- Child 2 aged ____
- Etc.

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

2

X

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

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

C.6b

IF NOT IN PAID JOB: Have you ever had a paid job?

Yes	1	No	2
Refused	Y	Don't know	X

ASK ALL

SHOW CARD C6C

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

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

OCCUPATION CHIEF INCOME EARNER (C.I.E.)/ H.O.H.

If C.I.E. is unemployed less than 6 months or has private/contributory/widow/widower pension,
ASK FOR PREVIOUS OCCUPATION

A Specify details - Occupation of Chief Income Earner (WRITE IN DETAIL)

<u>IF</u>	Farmer 50+ acres	Code as F1
	Farmer <50 acres	Code as F2
	Student	Code as C1
	Home maker (state pension only)	Code as E

B	EMPLOYMENT TYPE	Employed	01
	Is the <u>Chief Income Earner</u> employed,	Self-employed	02
	self-employed, unemployed or retired?	Unemployed (<i>less than 6 months</i>)	03
	(Code to pre-codes)	Unemployed (<i>more than 6 months</i>).....04 (E)	
		Retired (<i>private pension - contributory, widow(er)</i>)	05
		Retired (<i>state pension only</i>)	06 (E)
		Farmer 50+ acres	07 (F1)
		Farmer <50 acres	08 (F2)
		Student.....	09 (C1)
		Other – dependent on state pension only	10 (E)

C (If Retired with private pension or unemployed less than 6 months ask in relation to **previous job**)

Special responsibilities of C.I.E.	Owner/Managing Director	1
Does the Chief Income Earner have	Other Director / Partner	2
a management or supervisory role	Manager	3
within the company? (Code to pre-codes)	Supervisor	4
	Foreman	5
	Sole Trader	6
	Other management role.....	7
	None of these roles.....	9

D	NO. OF STAFF C.I.E. RESPONSIBLE FOR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If not responsible for
	(Ask for ALL incl. those with no special responsibilities).		<u>any</u> employees, write in zero

E	QUALIFICATIONS	Yes	1
	Does Chief Income Earner have particular	No	2
	qualifications for this job?		

SC. SOCIAL CLASS - CODE

*If Manager or Supervisor (in non-manual role),
(Code 3 or 4 @ C above,) and you are unsure
if S/Class is AB or C1:*

*12+ employees – Code A/ B
<12 employees – Code C1*

A..... 1
B..... 2
C1..... 3
C2..... 4
D 5
E 6
F1 7
F2 8

- (a) IN ALL FARMING HOUSEHOLDS, ASK:
Are you the person responsible for running the
farm - either solely responsible, or responsible jointly with somebody else? Yes 1
No 2
- (b) Is the farmer in this household a part time Full-time 1
or a full time farmer? Part-time 2

SHOW CARD C13 AND READ OUT

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

Yes	1	No	2
DK	X	Refused	Y

SHOW CARD C14

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

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

C.15 Have you ceased your full time education?

Yes	1
No	2
Don't know	Y
Refused	X

ASK IF CODED YES AT C.15**C.15a At what age?**

Refused	Y
Don't know	X

THANK RESPONDENT AND END INTERVIEW

Q.pres1 – During the interview was anyone else present in the room where you conducted the interview?

- Yes
- No
- Don't know

If Yes at Q.Pres1

Q.pres2 – For how much of the interview was someone else present?

- All of it
- Most of it
- Some of it
- Don't know

14-048313

NACDA

DRUG PREVALENCE SURVEY

SHOWCARDS

SHOWCARD 1

Yes Daily

Yes Occasionally

No

Tobacco Products

Manufactured cigarettes

Hand-rolled cigarettes

Pipes full of tobacco

Cigars

SHOWCARD 200

Within the past month
Within the past 3 months
Within the past 6 months
Within the past year
Within the past 5 years
Within the past 10 years
10 or more years ago

SHOWCARD 201

Manufactured cigarettes

Hand-rolled cigarettes

Pipes full of tobacco

Cigars

SHOWCARD 202

I have never heard of e-cigarettes and
have never tried them

I have heard of e-cigarettes but have never
tried them

I have tried e-cigarettes but do not use
them (anymore)

I have tried e-cigarettes and still use them

SHOWCARD 10

Shandy
Beer/Lager/Stout/Ale
Cider
Wine
Buckfast/Fortified Wine
Champagne/Prosecco
Sherry/Martini/Vermouth
Port
Cream liqueurs (e.g. Baileys, Carolans)
Spirits (e.g. brandy /whisky /gin/vodka/rum/tequila)
Alcopops/Coolers/Spirit-based mixers (e.g. Smirnoff Ice, Bacardi Breezer, WKd)

SHOWCARD 11B

Everyday
5-6 times a week
4 times a week
3 times a week
Twice a week
Once a week
2-3 times a month
Once a month
6-11 times a year
2-5 times a year
Once in the last 12 month
I did not drink in the last 12 months but I drank longer ago

SHOWCARD '11C'

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



SHOWCARD '11E'

Examples of approx. 6 Standard Drinks

3 pints beer, lager, stout (3 x 2 std. drinks)	
2 pints (2 x 2 std. drinks) + 2 shots (2 x 1 std. drinks)	
6 glasses wine (100 ml) (6 x 1 std. drinks)	
Just under 1 bottle of wine (approx. 7-8 std. drinks)	

1	Daily
2	5/6 times a week
3	4 times a week
4	3 times a week
5	2 times a week
6	Once a week
7	2/3 times a month
8	Once a month
9	6-11 times a year
10	2-5 times a year
11	Once a year
12	Never

SHOWCARD 11F

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



SHOWCARD 16

Sedatives	Benzos
Sleeping pills	Roches
Rohypnol ®	Librium ®
Roofies	Valium ®, (Diazepam) D5/D10
Row rows	Normison ®, (Duck eggs), Temazepam
Dalmane ®, Flurazepam	Ativan ®
Mogadon ®, (Moggies), Nitrazepam	Halcion ®, Triazolam
Phenobarbitone	Xanax ®
Tranquillisers	Stilnoct ®, Zolpidem
Tranks	Zimovane ®, Zopiclone
Downers	

SHOWCARD 23

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

SHOWCARD 24

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

SHOWCARD 25

Anti depressants	Lustral ®
Prozac ®	Molipaxin ®
Seroxat ®	Zispin ®
Prothiaden ®	Olanzapine (Zyprexa ®)
Effexor ®	

SHOWCARD 32

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

SHOWCARD 33

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

SHOWCARD 34

Cannabis	Blow
Marijuana	Weed
Dope	Draw
Grass	Puff
Pot	Whacky Backy
Hash(ish)	Skunk
Ganja	Resin
Shit	

SHOWCARD 38

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 42

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

SHOWCARD 44

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

SHOWCARD 45

Ecstasy	Mitsubishi
Pills	Shamrocks
E	MDMA
XTC	Yokes
Doves	

SHOWCARD 49

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 53

Amphetamines	Ice
Speed	Crystal
Billy	Bennies
Whizz	Uppers
Base	Dexies
Sulphate	Purple hearts

SHOWCARD 57

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 62

Crack	Stones
Rock	Freebase
White Rock	White

SHOWCARD 66

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 70

Cocaine	Snow
Charlie	Nose candy
Coke	Blow
Sniff	Coin Sniff
Key Sniff	

SHOWCARD 74

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 78

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

SHOWCARD 79

Heroin	Junk
Smack	Skag
Gear	Brown
H	Horse
Bobby	Bobby Brown
Sugar	Ginger

SHOWCARD 83

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 87

1	Smoke in a cigarette
2	Injection with a needle
3	“Chasing the dragon”/Smoke a foil
4	Other (please tell me which)

SHOWCARD 88

LSD	Trips
Acid	Tabs

SHOWCARD 92

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 96

Solvents	Petrol
Glues	Nail varnish remover
Dry-cleaning fluids	Correction fluids e.g. Tipp-Ex ®
Aerosols	Gas lighter fuel
Paint stripper	

SHOWCARD 100

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 104

Poppers	Liquid gold
Amyl Nitrite	Locker room
Rush	

SHOWCARD 108

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 112

Magic
Mushrooms

Mushies

Psilocybin

SHOWCARD 116

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 120

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

SHOWCARD 121

Methadone	Brown (phy)
Physeptone ®	Green (phy)
Phy	Phy-Meth
Molly	Green Diesel

SHOWCARD 128

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

SHOWCARD 138

Codeine	Opiates (excluding heroin & methadone)
Df 118 30 Tablets	Temgesic ®
Feminax Tablets	Kapake ®
Kapake	Morphine
Migraleve	Opium
Nurofen Plus	DF118 ® (DF's)
Panadeine Tablets	Diff's
Paracodin	Dikes
Paramol	Peach
Solpadeine	Fentanyl (Durogesic ® & Sublimaze ® & Actiq ®)
Solpadol	Oxycodone (Oxycontin ® & Oxynorm ®)
Syndol	MST ® (MST's)
Tylenol	Buprenorphine (Subutex ®)
Uniflu Plus With Vitamin C	Diconal ®
Veganin Plus	Pethidine
Tramadol	Napps

SHOWCARD 145

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

SHOWCARD 146

Anabolic Steroids

INCLUDES STEROIDS USED FOR BODY BUILDING,
GENDER REASSIGNMENT OR SEXUAL DYSFUNCTIONS

**DOES NOT INCLUDE STEROIDS TAKEN FOR THE
TREATMENT OF RESPIRATORY AILMENTS e.g. Asthma,
Arthritis and other inflammatory conditions**

Mathandrostenolone/ Dianabol (D-bol)
Deca-Durabolin ®, Durabolin ®, Nandrolone (Deca)
Methenolone (Promobolan/ Primo)
DHEA
Stanozolol Solution/ Winstrol ® (Winny)
Primobol ® (Primo)
Clenbuterol
Methandranone
Stanolone
Steds
Sustanon 250/ Omnadren (Sust)
Trenbolone (Tren)
Testosterone Cypionate (Cyp)
Testosterone Enanthate (Test)
Testosterone Propionate (Prop)
Testosterone Undecanoate (Andriol)
Oxymetholone (Anadrol/ Oxies)
Boldenone (Equipoise/ Equi)
Formebolone (Esicline)
Oxandrolone (Oxandrin-Anavar/ Oxies)

SHOWCARD 153

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

SHOWCARD 153A

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

SHOWCARD 203

1	Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence, Bonazi, Kingb, Pulse
2	Party Pills or Herbal Highs
3	Bathsalts, Plantfeeders, Snowblow, Wildcat, Hurricane Charlie, Whack, White Ice, Bubble (Mephedrone)
4	Kratom (Krypton)
5	Salvia, Magic mint, Divine mint or Sally D
6	Other, please specify

SHOWCARD 207

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

SHOWCARD 183

1	Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence, Bonazi, Kingb, Pulse
2	Party Pills or Herbal Highs
3	Bathsalts, Plantfeeders, Snowblow, Wildcat, Hurricane Charlie, Whack, White Ice, Bubble (Mephedrone)
4	Kratom (Krypton)
5	Salvia, Magic mint, Divine mint or Sally D
6	Other, please specify

SHOWCARD 185

1	I got them from a friend or someone I know
2	I bought them over the internet
3	I bought them in a headshop
4	I bought them in a shop other than a headshop
5	I bought them in a market
6	I bought them from a dealer
7	Other, please specify

SHOWCARD 154

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

SHOWCARD 155

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

SHOWCARD 156

1	Do not disapprove
2	Disapprove
3	Strongly disapprove

SHOWCARD 157

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

SHOWCARD 162

1	Tried to and stopped
2	Stopped without trying to
3	Tried to, but did not stop
4	No

SHOWCARD 163

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

SHOWCARD 172

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

SHOWCARD 173

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

SHOWCARD 174

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

SHOWCARD 166

1	Tried to and stopped
2	Stopped without trying to
3	Tried to, but did not stop
4	No

SHOWCARD 167

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

SHOWCARD 175

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

SHOWCARD 176

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

SHOWCARD 177

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

SHOWCARD 170

1	Tried to and stopped
2	Stopped without trying to
3	Tried to, but did not stop
4	No

SHOWCARD 171

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

SHOWCARD 178

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

SHOWCARD 179

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

SHOWCARD 180

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

SHOWCARD 210

1	Bought a lottery ticket or scratchcard in person	Includes all National Lottery draws and scratchcards, Lotto/Euromillions, charity/GAA lotteries etc. played in person
2	Played lottery games online	Includes all National Lottery draws and scratchcards, Euromillions, charity/GAA lotteries etc. played online
3	Gambled in a bookmaker's shop	Includes all activities undertaken in person in a bookmaker's shop
4	Gambled online or by telephone	Includes all online gambling sites, betting exchanges and online casinos, as well as telephone betting facilities or mobile phone betting apps offered by bookmakers
5	Placed a bet at a horse or dog racing meeting	Includes all on-course betting with bookmakers and Tote (including point-to-point racing and greyhound coursing events)
6	Played games at a casino	Includes table games such as cards, roulette etc. played in a casino
7	Played a gaming/slot machines	Played in a casino, gaming arcade or other places
8	Played a card game for money with friends/family	
9	Played bingo in person	Not including bingo played online or on scratchcards
10	Other, please specify	

SHOWCARD 211A

1	Sports event (including horse racing and all other sports)
2	Other type of event (for example, politics, current affairs, music, television event etc.)
3	Virtual event (e.g. virtual horse race)
4	Numbers (e.g. lotteries)
5	Games/casino games (e.g. roulette, poker, blackjack)
6	Other, please specify

SHOWCARD 211B

1	Sports event (including horse racing and all other sports)
2	Other type of event (for example, politics, current affairs, music, television event etc.)
3	Virtual event (e.g. virtual horse race)
4	Numbers (e.g. lotteries)
5	Games/casino games (e.g. roulette, poker, blackjack)
6	Bingo
7	Other, please specify

SHOWCARD 212

1	Daily
2	2 to 6 times per week
3	Once a week
4	Less than once a week, more than once a month
5	Monthly
6	6 to 11 times per year
7	2 to 5 times per year
8	Once in the last 12 months

SHOWCARD 213

1	Up to €250
2	€251 to €500
3	€501 to €1,000
4	€1,001 to €2,000
5	€2,001 to €5,000
6	More than €5,000

SHOWCARD 214

1	In cash
2	By credit / debit card
3	Through an account with a bookmaker where I deposit money to bet with (e.g. online/telephone)
4	Through an account with a bookmaker/casino that provides me with credit that I can bet with
5	Other, please specify

SHOWCARD C2

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

SHOWCARD C4

White	Irish	1
	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify) _____	5
Black or Black Irish	African	6
	Any other black background (specify) _____	7
Asian or Asian Irish	Chinese	8
	Any other Asian background (specify) _____	9
Other including mixed background	Specify _____	10

SHOWCARD C5a

Own my own home	Owned Outright	1
	Owned with a mortgage	2
Rent my own home	Rented from a private landlord	3
	Rented from a local authority	4
	Rented from a housing association	5
	Part owned/Part rented	6
Other	Other (Specify)	7
	Live with my parents/other family member	8

SHOWCARD C6a

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

SHOWCARD C10

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

SHOWCARD C6c

1	Jobseeker's Benefit (Unemployment benefit)
2	Jobseeker's Allowance (Unemployment assistance)
3	One parent family payment
4	Illness Benefit (Disability benefit)
5	Disability allowance
6	Invalidity pension
7	Carer's allowance
8	Family income supplement
9	Widow / widowers pension
10	Other (please tell me which)

SHOWCARD 'C13'

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

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

SHOWCARD C14

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

QUESTIONNAIRE A

PLEASE COMPLETE IF YOU HAVE CONSUMED ALCOHOL IN THE LAST 12 MONTHS

Ipsos MRBI/14-048313/14

(Blank 7-10)

Ass. No. _____
(1-4)

Add. No. _____
(5-6)

(Blank
17-20)

Many thanks for taking part in this interview. This short questionnaire will take just a few minutes to complete and includes some additional questions in relation to your general drinking behaviour. Upon completion, please return this questionnaire to the interviewer in the envelope provided. Your participation is greatly appreciated.

ALL RESPONDENTS WHO HAVE HAD AN ALCOHOLIC DRINK IN THE PAST 12 MONTHS SHOULD COMPLETE THESE QUESTIONS

IF YOU HAVE NOT CONSUMED AN ALCOHOLIC DRINK IN THE LAST 12 MONTHS PLEASE ANSWER Q195 ONLY

Q193B Please look at the statements below and tell me which if any of these you feel best applies to you?

- | | | |
|---|--|--------------------------|
| 1 | I am a heavy drinker | <input type="checkbox"/> |
| 2 | I am a heavy drinker and sometimes I binge drink | <input type="checkbox"/> |
| 3 | I am a moderate drinker | <input type="checkbox"/> |
| 4 | I am a moderate drinker and sometimes I binge drink..... | <input type="checkbox"/> |
| 5 | I am a light drinker..... | <input type="checkbox"/> |
| 6 | I am a light drinker and sometimes I binge drink | <input type="checkbox"/> |
| 7 | Don't know | <input type="checkbox"/> |
| 8 | Prefer not to say..... | <input type="checkbox"/> |

(221)

The next questions are about problems you may have had because of drinking during the past 12 months. Please Tick Box ☒

During the last 12 months...

	1 Yes	2 No	3 Don't know	4 Prefer not to say	
S5 Did you need to drink a larger amount of alcohol to get an effect, or did you find that you could no longer get a "buzz" or a high on the amount you used to drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(222)
S6 Did you have times during the past 12 months when you stopped, cut down, or went without drinking and then experienced withdrawal symptoms, for example fatigue, headaches, diarrhoea, the shakes, or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(223)
S7 Did you have times during the past 12 months when you took a drink to keep from having problems like these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(224)
S8 Did you have times during the past 12 months when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(225)
S9 Were there ever times during the past 12 months when you drank more frequently or for more days in a row than you intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(226)
S10 Did you have times during the past 12 months when you started drinking and became drunk when you didn't want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(227)
S11 Were there times during the past 12 months when you tried to stop or cut down on your drinking and found that you were not able to do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(228)
S12 Did you have periods during the past 12 months of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(229)
S13 Did you have a time during the past 12 months when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(230)
S14 During the past 12 months, did you continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(231)

Q194 During the last 12 months, have you...?

	1 Yes once	2 Yes more than once	3 No	4 Don't know	5 Prefer not to say	
Got into a physical fight when you had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(232)
Been in an accident when you had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(233)
Ever felt that you should cut down on your drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(234)
Regretted something you said or did after drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(235)
Felt that your drinking harmed your friendships or social life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(236)
Felt that your drinking harmed your home life or marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(237)
Felt that your drinking harmed your work or studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(238)
Felt that your drinking harmed your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(239)

PLEASE ANSWER THIS QUESTION EVEN IF YOU HAVE NOT CONSUMED AN ALCOHOLIC DRINK IN THE LAST 12 MONTHS.

Next we would like to ask you about some consequences you may have experienced as a result of someone else's drinking.

Q195 During the last 12 months have you?

	1 Yes once	2 Yes more than once	3 No	4 Don't know	5 Prefer not to say	
Had family problems or relationship difficulties due to someone else's drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(240)
Been a passenger with a driver who had too much to drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(241)
Been hit or assaulted by someone who had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(242)
Had financial trouble because of someone else's drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(243)
Had property vandalized by someone who had been drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(244)

(Blank 245-249)



QUESTIONNAIRE B

PLEASE COMPLETE IF YOU HAVE GAMBLED IN THE LAST 12 MONTHS

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

DSM1 When you gamble, how often do you go back another day to win back money you lost?

- 1 Every time I lost ☐ (250)
- 2 Most of the time I lost ☐
- 3 Some of the time (less than half of the time) I lost ☐
- 4 Never ☐
- 5 Don't Know ☐
- 6 Prefer not to say ☐

In the last 12 months..?

	1	2	3	4	5	6	
	Very often	Fairly often	Occasionally	Never	Don't know	Prefer not to say	
DSM2 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(251)
DSM3 Have you needed to gamble with more and more money to get the excitement you are looking for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(252)
DSM4 Have you felt restless or irritable when trying to cut down gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(253)
DSM5 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(254)
DSM6 Have you lied to family, or others, to hide the extent of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(255)
DSM7 Have you made unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(256)
DSM8 Have you committed a crime in order to finance gambling or to pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(257)
DSM9 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(258)
DSM10 Have you asked others to provide money to help with a desperate financial situation caused by gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(259)



In the last 12 months how often..?

	1	2	3	4	5	6	
	Almost Always	Most of the time	Some of the time	Never	Don't know	Prefer not to say	
PGSI1 Have you bet more than you could really afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(260)
PGSI2 Have you needed to gamble with larger amounts of money to get the same excitement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(261)
PGSI3 Have you gone back to try to win back the money you'd lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(262)
PGSI4 Have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(263)
PGSI5 Have you felt that you might have a problem with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(264)

(Blank 265-300)

QUESTIONNAIRE C

PLEASE COMPLETE IF YOU HAVE EVER CONSUMED CANNABIS

“This part of the survey is going to ask you more detailed questions about your cannabis use and some of the questions will appear to be eliciting the same information. This is because the researchers want to compare two ways of asking about cannabis use to determine if the shorter method is as good as the longer method. If the shorter method is as good as the longer method, the researchers will use these questions in future surveys. We need your help to do this”

Q192 As a result of your cannabis use

	1 No, never	2 Yes, in the last 12 months	3 Yes, but more than 12 months ago	4 Don't know	5 Prefer not to say	
192.1. Have you needed to take more than before to achieve the same effect or have you found that the same amount had less effect than before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(301)
192.2. When you used less or none at all, did you experience any of the following:- trouble sleeping; sweating; trembling; rapid heartbeat; anxiety; irritability or depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(302)
192.2a. If so, have you taken cannabis in order to ease these symptoms or to prevent them recurring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(303)
192.3a. Have you used more on a single occasion than you originally intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(304)
192.3b. Have you used more over a longer time-period than you originally intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(305)
192.4. Have you wanted to cut down or stop using on more than one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(306)
192.4a. On more than one occasion have you tried to stop or reduce but did not succeed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(307)
192.5. Have you found that cannabis has taken over your life, by this I mean have you spent a lot of time obtaining it, using it or recovering from its effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(308)
192.6. Have you restricted or abandoned important activities, such as sport, work or being with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(309)

Q192 As a result of your cannabis use ...

	1 No, never	2 Yes, in the last 12 months	3 Yes, but more than 12 months ago	4 Don't know	5 Prefer not to say
192.7. Have you experienced any of these health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye and mouth dryness.....					
Nausea					
Hoarseness					
Persistent cough.....					
192.7a. If so, have you continued to use it despite those health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192.8. Have you experienced any of these emotional or psychological problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathy (not caring about anything)					
Depression					
Paranoia (suspicion of other people, feelings that people are thinking and talking about you)					
Thinking and seeing things Differently					
Heightened sense of awareness					
192.8a. If so, have you continued to use it despite those psychological problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(310)

(311)

(312)

(313)

(Blank 314-330)

PLEASE COMPLETE THIS SECTION ONLY IF YOU USED CANNABIS IN THE LAST 12 MONTHS

Q215 In the past 12 months ...

	1	2	3	4	5	6	7	
	Never	Rarely	From time to time	Fairly often	Very often	Don't Know	Prefer not to say	
215.1 Have you ever smoked cannabis before midday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(331)
215.2 Have you ever smoked cannabis when you were alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(332)
215.3 Have you ever had memory problems when you smoked cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(333)
215.4 Have friends or members of your family ever told you that you ought to reduce your cannabis use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(334)
215.5 Have you ever tried to reduce or stop your cannabis use without succeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(335)
215.6 Have you ever had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(336)

Q191 As a result of your cannabis use in the last 12 months ...

	1	2	3	4	5	6	
	No	Yes, once	Yes, more than once	Don't know	Not applicable	Prefer not to say	
191.1. Did you experience significant problems at work, at school or when taking care of the household? <i>Examples of significant problems are: Missed days and poor performance at work or school/college; Suspended or expelled from school; Neglected children and or other family members</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(337)
191.2. Were you at increased risk of injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(338)
191.2a. Have you accidentally hurt yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(339)
191.4. Have you committed an offence? <i>Examples of committing an offence are: Possession of cannabis for use, sale or supply. Theft to obtain the substance. Driving under its influence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(340)
191.5. Have your friends and family expressed concern about its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(341)
191.6. Have you experienced a break-up in your relationship with a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(342)
191.7. Have you had financial troubles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(343)
191.8. Have you physically attacked anybody?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(344)

Interviewer Manual

**Drugs Prevalence Study on behalf of
the National Advisory Committee on Drugs and
Alcohol (NACDA)**

An Overview Of This Research

This part of the manual gives you an overview of what is involved in this project. Many of the areas are expanded upon in more detail elsewhere in the manual.

What is this research about?

The key objective of this study is to provide reliable and robust information about consumption of certain types of drugs (both legal and illegal), alcohol, tobacco and gambling. It is the fourth study in this series, with previous surveys taking place in 2002-2003, 2006-2007 and 2010-2011. Ipsos has worked with the NACDA on every wave since the study started.

Many interviewers will be familiar with the study having worked on it previously, and the nature of this survey is very similar to previous years in which we have worked on it. However two key differences this year are the inclusion of those aged 65+ in the research as well as asking some questions on gambling.

Who is conducting this research?

This research is being conducted by the National Advisory Committee on Drugs and Alcohol (NACDA) and the Department of Health. One of the key missions of the NACDA is to support the Government in significantly reducing the health, social and economic consequences of drug misuse through the provision of timely data and analysis of research. An important part of this is the Drugs Prevalence Study that it has conducted every four years.

All of the previous Drugs Prevalence Studies are published on www.nacda.ie

What is involved in this research?

We will be conducting 7,000 interviews with individuals aged 15 and over within the Republic of Ireland. In order to have a full understanding of the various areas covered by the study, we need to speak with all eligible respondents, even if they don't drink, smoke, take drugs or gamble. As such, whilst the research covers some very harmful drugs, we are not looking to interview drug users only!

It is important that this study stands up to rigorous scrutiny, so we will be using an approach where you will be asked to visit pre-selected addresses to conduct interviews. In order to do this we have selected 421 geographic areas throughout Ireland, and then randomly selected 31 addresses within each of these areas. These addresses were selected from GeoDirectory which is a comprehensive listing of all addresses in Ireland, maintained by An Post.

Within each household that you visit you will need to select one individual aged 15+ by using the last birthday rule.

What does the questionnaire cover?

The questionnaire is structured into the following sections:

- Smoking
- Alcohol
- Drug usage
 - Sedatives & tranquilisers
 - Anti-depressants
 - Cannabis
 - Ecstasy
 - Amphetamines
 - Crack
 - Cocaine
 - Heroin
 - LSD
 - Solvents
 - Poppers
 - Magic Mushrooms
 - Methadone
 - Other Opiates
 - Anabolic Steroids
 - New Psychoactive Substances
- Opinions on matters relating to drugs
- In-depth questions on cannabis, cocaine and ecstasy
- Gambling
- Self-completion module
- Socio-demographics

The questionnaire uses a particular approach when asking about drugs. This approach has been used across many other European countries and has proven successful in providing reliable estimates of drug usage. Firstly it asks about awareness of that drug, secondly it asks whether the respondent knows anyone who takes that drug before asking whether or not the respondent has taken that drug him/herself.

For those who take a particular drug it asks for their age when they first took the drug, whether they have taken the drug within the past 12 months, whether they have taken it within the previous 30 days, on how many of these days they have taken it, the way in which they took it and where they got it from.

Those who have taken cannabis, ecstasy or cocaine are asked a few more detailed questions about that drug.

The gambling section includes all forms of gambling (including National Lottery games) and seeks to measure the frequency and level of expenditure on different forms of gambling, as well as the way in which the gambling is paid for.

Those who have consumed alcohol, cannabis and/or gambled within the past 12 months are also asked a series of additional questions at the end. This is done using a self-completion approach.

There has been a lot of testing and piloting done with the questionnaire, and for most respondents it should take around 35 minutes to complete.

Overview Of Terminology

You should only read out the information as contained in the questionnaire, and should not provide respondents with additional information on what is covered by different types of drugs. However it is useful for you to understand the different drug types covered by the survey.

Drug type	Overview
Sedatives & tranquilisers	Sedatives are prescribed to reduce anxiety or stress, encourage sleep or to relax muscles. They are sometimes used to ease the comedown from stimulant drugs ('uppers') such as ecstasy, cocaine and speed or with other 'downer' drugs such as alcohol and heroin.
Anti-depressants	Anti-depressants are drugs used for the treatment of major depressive disorder and other conditions, including anxiety disorders, obsessive compulsive disorder, eating disorders, chronic pain, neuropathic pain and, in some cases, dysmenorrhoea, snoring, migraines, attention-deficit hyperactivity disorder (ADHD), substance abuse and sleep disorders. They can be used alone or in combination with other medications.
Cannabis	Cannabis is a tobacco-like greenish or brownish material made up of the dried flowering tops and leaves of the cannabis (hemp) plant. Cannabis resin or "hash" is the dried black or brown secretion of the flowering tops of the cannabis plant, which is made into a powder or pressed into slabs or cakes. Cannabis can make users feel relaxed and heighten their sensory awareness. Thus, users may experience a more vivid sense of sight, smell, taste and hearing.
Ecstasy	Ecstasy is a psychoactive stimulant. In fact, the term "ecstasy" does not refer to a single substance, but rather to a range of substances similar in chemistry and effects. It is usually distributed as a tablet or pill but can also be a powder or capsule. The tablets can be in many different shapes and sizes. Ecstasy can heighten users' empathy levels and induce a feeling of closeness to people around them. It is often used at "rave parties" to increase participants' sociability and energy levels.
Amphetamines	Amphetamine is a stimulant ('upper'). It can be a powder or tablet which you sniff, swallow or inject. Speed is an off-white or pinkish powder and can sometimes look like crystals. Base speed is purer and is a pinkish grey colour and feels like putty. You can dab speed onto your gums or sniff in lines like cocaine using a rolled up bank note. You can also roll it up in a cigarette paper and swallow. This is called a 'speedbomb'. You can mix it in drinks or inject it. You can smoke methamphetamine in its 'crystal' form. It starts to affect you within 20 minutes and lasts for 4-6 hours.
Crack	Crack is cocaine that has been further processed with ammonia or sodium bicarbonate (baking soda) and looks like small flakes or rocks.
Cocaine	Cocaine is a fine white or off-white powder that acts as a powerful stimulant. In its pure form, cocaine is extracted from the leaves of the coca plant. On the street, it can be diluted or "cut" with other substances to increase the quantity. Cocaine can make users feel exhilarated and euphoric. Furthermore, users often experience a temporary increase in alertness and energy levels, and a postponement of hunger and fatigue.

Heroin	Heroin is an addictive drug with painkilling properties processed from morphine, a naturally occurring substance from the Asian opium poppy plant. Pure heroin is a white powder. Street heroin is usually brownish white because it is diluted or "cut" with impurities, meaning each dose is different. Heroin can make users feel an initial surge of euphoria, along with a feeling of warmth and relaxation. Users also often become detached from emotional or physical distress, pain or anxiety.
LSD	LSD is a semi-synthetic drug derived from lysergic acid, which is found in a fungus that grows on rye and other grains. LSD, commonly referred to as "acid", is one of the most potent hallucinogens. It is usually sold on the street as small squares of blotting paper with drops containing the drug, but also as tablets, capsules or occasionally in liquid form. It is a colourless, odourless substance with a slightly bitter taste. Taking LSD leads to strong changes in thought, mood and senses in addition to feelings of empathy and sociability. However, the exact effects of LSD vary depending on the mental state of the user and the environment when taking the drug.
Solvents	When inhaled, solvents have a similar effect to alcohol. They make people feel uninhibited, euphoric and dizzy.
Poppers	Poppers are a clear, yellow or gold liquid which you inhale straight from a bottle or on a cloth. You can also get it in tablet form. Has a sweet odour when fresh. Nitrites dilate blood vessels and allow more blood to get to your heart. You get a rush as your heartbeat speeds up and blood rushes to your head. This lasts a few minutes
Magic Mushrooms	Magic mushrooms are small hallucinogenic mushrooms which grow in Ireland. You can eat them raw, dried, cooked or stewed.
Methadone	Methadone is a green or blue liquid which you drink. It can only be prescribed by certain GPs. Methadone can help you to reduce your cravings if you are addicted to heroin. It is an opiate, from the same family as heroin and morphine.
Other Opiates	Other Opiates includes a number of drugs, but most commonly includes codeine. Codeine is a painkiller which you can get in tablet, capsule or liquid form. Codeine is in many medicines which you can buy over the counter or be prescribed by your doctor for pain. It is an opiate drug, from the same family as morphine and heroin. If you use them for too long you can become addicted.
Anabolic Steroids	Anabolic steroids are synthetic versions of the male hormone testosterone. You can get them as a tablet, capsule or liquid to inject. Your doctor may prescribe them to treat specific conditions. They are also popular with bodybuilders, athletes and other sports people because they can improve your performance.
New Psychoactive Substances	This includes a number of drugs that are often referred to as "Legal Highs". These are substances which are usually sold via Head Shops It is important to note that although these drugs may not be illegal it does not necessarily mean they are safe.

Fieldwork Instructions

This part of the manual relates to making contact with households and selecting respondents.

Content of fieldwork packs

When leaving the interviewer briefing session you will be provided with the pack for your first assignment. Within this pack you will receive the following:

- ✓ These instructions
- ✓ A paper copy of the CAPI questionnaire
- ✓ Assignment sheets
- ✓ Contact sheets
- ✓ Showcards
- ✓ Consent form (for those aged 18+)
- ✓ Consent form (for those aged (15-17)
- ✓ Consent form (for parents)
- ✓ Letters of introduction for each household (2 copies of each letter)
- ✓ Survey information sheet
- ✓ Envelopes for letter of introduction
- ✓ Postage stamps for letter of introduction
- ✓ Garda form & letters
- ✓ Self-completion questionnaire
- ✓ Envelopes for self-completion questionnaire
- ✓ Thank you slips
- ✓ Call back cards
- ✓ Appointment cards
- ✓ Letter from NACDA
- ✓ Copy of the previous report

Key points

Please make sure that you are familiar with the following procedures before commencing work on this project. If any of these are unclear to you, please contact Kate, Julie or Marianne immediately.

Surveys that use pre-selected addresses, such as this one, produce robust and reliable results, but only if these precise instructions are followed very carefully.

1. **You can only visit the addresses that are listed on the contact sheets**, and these addresses cannot be substituted with any others
2. Before contacting a household you must deliver (by hand or by post) a letter of introduction that includes a survey information sheet
3. Before contacting a household you should make contact with the local Garda station and provide them with a copy of the Garda letter
4. You must visit **all** of these addresses and make at least **five** attempts to speak to someone at each household before completing the assignment
5. The details of each visit to the household must be recorded on the contact sheet
6. Every individual aged 15+ that lives within the household is eligible to take part in the study, and you can only interview the one who most recently had a birthday

7. All respondents who drink alcohol, take cannabis or gambled (i.e. within the past 12 months) must complete a self-completion questionnaire. This should be done on CAPI, however if the respondent is unwilling or unable to do so, it can be done on paper. If done on paper you must provide them with an envelope for the questionnaire and you must write the assignment number, address number and person ID on the front of the envelope containing the questionnaire. You must also enter the serial number of the self-completion questionnaire into the CAPI script.

Selecting households

When you receive your assignment you should try to familiarise yourself with the area by walking/driving around it so that you can identify where all of the households are located and you can plan your route around the area. At this point you should also visit the local Garda station and hand in a copy of the form and letters that you have been provided with.

When you receive each assignment, please check the addresses in case you know anyone living at any of them. If you do know anyone living in these households, inform Kate, Julie or Marianne before starting work on the assignment. If you discover during interviewing that you know someone within one of the households, you should stop interviewing and contact the office immediately.

In order to assist you in identifying the selected households you have been provided with a GPS device with all of the addresses programmed onto it. Please use this to ensure that you contact the correct address. This should be particularly useful in rural areas, however it should also be used in urban areas.

If you identify a situation where multiple households share the same address you will need to use a particular approach to select which household you should interview at. A household is considered to be a group of people living together and whose food and household expenses are managed as one unit.

If you come across a multi-household dwelling or multi household addresses you must first randomly select the household. In order to do this please contact the office immediately. Do not select the respondent yourself.

Delivering letters of introduction

Before contacting each household you will need to deliver a letter of introduction with an accompanying information sheet. This can be done by hand or by post. However, if the household shares an address with other households (e.g. in rural areas), you must deliver this letter by hand after identifying the correct household using the GPS device. Any of the letters sent by post to a household that shares an address with other households will be returned by An Post to Ipsos MRBI.

Each household will also have previously received an introductory letter from NACDA, a copy of which is provided in your pack.

Contacting households

Each address has to be visited a minimum of five times before it can be deemed to be unsuccessful. If you identify an eligible respondent on the fifth visit there must be at least one further call made to attempt to conduct an interview. Apart from appointments, calls to households should be made on different days of the week, and at different times of the day.

The reason for this approach is to ensure that each address and eligible respondent 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.

You will keep a record of the number of calls and times of these calls on the Contact Sheet, explained below. The office will be in touch with you regularly, this is because we need to provide the client with regular updates on fieldwork progress, and we need up-to-date information to do so.

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

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

If you select a young person (that is aged between 15 and 24) you must make at least two evening and/or weekend calls before you can send back the contact sheet as non-effective.

Although it will be necessary to keep trying to make contact at some addresses at different times of day and on different days it is worth knowing that on many of these types of surveys over 50% of all the successful interviews were carried out on the first or second call.

Contact sheet

You will have in your pack one contact sheet for every address you should call at. Outcomes for all contact sheets will be carefully monitored. Contact sheets are grouped together in booklets with 31 addresses in each booklet.

Please keep in mind that you must use the contact sheets to record the details of each visit and the final outcome for every visited address, irrespective of the outcome.

The contact sheet has the following fields:

SECTION 1 – IDENTIFIERS

Assignment Number	These are already completed and identify the household. You will need to enter the Assignment and Household codes in the CAPI script to start an interview
Household Number	
Address	This is the address that you must contact

SECTION 2 – NEIGHBOURHOOD

In the immediate vicinity, how much litter and rubbish is there?	Looking at an area that is equivalent to the width of two houses on either side of this house, how much litter and rubbish can you observe
In the immediate vicinity, how much vandalism and graffiti is there?	Looking at an area that is equivalent to the width of two houses on either side of this house, how much vandalism and graffiti can you observe
Property type	<p>Please code the type of property where the household is contained. The codes that you should use here are:</p> <ol style="list-style-type: none"> 1. Detached house 2. Semi-detached house 3. Terraced house 4. Flat/apartment – purpose built 5. Flat/apartment – converted 6. Other 7. Unable to obtain information
Physical barrier	Please record here whether there were any physical barriers that you needed to get past in order to get to the household. This can be multi-coded if necessary.

SECTION 3 – INITIAL CONTACT

Gender of person answering the door	Record the gender of the first person you speak to at that house. This should be done regardless of whether they are eligible for interview (e.g. a child) or whether they take part in an interview.
Age of person answering the door	Record (estimate if necessary) the age of the first person you speak to at that house. This should be done regardless of whether they are eligible for interview (e.g. a child) or whether they take part in an interview.

SECTION 4 – HOUSEHOLD CONTACT

In this section you record details of **every** contact that you have with the household, regardless of the outcome

Date	Record the date of the contact here. For example 3 rd of November would have “03” here.
Month	Record the month of the contact here. For example 3 rd of November would have “11” here.
Time	Record the time of the contact here in 24 hour format. For example, a contact at 4:20pm would be recorded as 16:20.
Outcome	Record the outcome here based on the outcome codes provided with the contact sheets. Every visit must have an outcome.
Notes	This space is for your own usage – for example, to note the details of an appointment. You should also record the reasons for refusal here.

SECTION 5 – INDIVIDUALS AGED 15+ LIVING IN HOUSEHOLD

In this section you record details of **the selection of the respondent**

Name/Initials	Record the name, or initial, of each person in the household eligible for interview here (regardless of whether or not they participate in the interview)
Last birthday	Mark the person with the last birthday in this box
Gender	Record the gender of the person selected for interview here – even if they do not conduct an interview
Age	Record the age (if known) of the person selected for interview here – even if they do not conduct an interview

SECTION 6 – RECONTACT

Telephone number of respondent/household	Record here the telephone number of the respondent or household here. Please try to collect this information for households that do not agree to participate in the survey. This is used for quality control purposes only.
Please tick box if you feel this address should not be contacted by another interviewer and the reasons why	In some cases we will be re-issuing unsuccessful contacts to other interviewers to see if a different approach proves more successful. If for any reason you feel that the household should not be recontacted, please tick this box and provide a reason as to why this is the case. Examples here could include the respondent being aggressive or a situation you feel is risky

Response codes

Provided below is an explanation of each of the response codes to be used on the contact sheet. Please make sure that you understand the difference between each so that you use the correct one for each address. Every contact with a household must have an outcome. Please note that every refusal must also specify a reason (codes 21 to 32).

OUTCOME CODES		
Code	Label	Explanation
1	Address not found	This indicates that you were unable to find this address even after making enquiries with neighbours in the area
2	Unable to access address/ Dangerous	You found it impossible to access the address, or you felt that going there would put your safety at risk
3	Address not attempted by interviewer	Please check with Kate, Julie or Marianne before using this code
4	Withdrawn by head office	Someone in head office has contacted you asking you not to contact this address
5	Property vacant	It is clear that the property is empty (e.g. no furniture in house). This is different to not getting a reply after five calls (code 9)
6	Unsure if property is occupied	You are unsure whether anyone lives at the property
7	Occupied but not main residence (e.g. holiday home)	There are people in the household, but they do not live there – for example, they have rented a holiday cottage for a short period of time
8	Non-residential address (business)	The property is a business address and has no household unit in it (e.g. people living over a shop)
9	Occupied but no reply	The property is occupied but you did not get a response
10	Language difficulties	You are unable to communicate effectively with the respondent due to them not speaking English or having communications problems (for example, deaf, psychological difficulties etc.)
11	Refusal by someone other than respondent or respondent not selected	Someone refuses before you select a respondent, or someone refuses on behalf of the respondent. Please also indicate the code showing reason for refusing.
12	Refusal by selected respondent	You selected a respondent, and they personally refuse to take part in the survey. Please also indicate the code showing reason for refusing.
13	Other reason unproductive result	You could not achieve an interview in this household for another reason. Please write on the contact sheet why this was the case
14	Appointment made	You called to the house, and spoke with someone who gave you an appointment to conduct the interview
15	Partial interview	You commenced an interview but it was stopped before being completed
16	Successful interview	You called to the house and achieved an interview

REASONS FOR REFUSAL	
Code	Label
21	Never does surveys
22	Interview takes too long
23	Have taken part in too many surveys
24	Interview is too intrusive
25	Too busy to take part
26	Worried about confidentiality/misuse of information
27	Worried about personal safety/security
28	Survey is a waste of money
29	Don't want to help the government
30	Subject matter is not relevant to respondent
31	Nothing in it for me
32	Other (specify _____)

Identifying respondents

All people aged 15 and over who live in the selected households are eligible for interview and you should seek to achieve an interview with one of them. This includes everyone for whom this is their normal place of residence. This should include the following:

- ✓ People who normally live here, but are away on holidays/business for up to 2 months
- ✓ Boarders or tenants

In a case where someone may live away from that address during the week (e.g. away at college/work), but returns at weekends, he/she is eligible if this address is considered to be their "normal place of residence".

The following should be excluded:

- ✗ Those away on holidays/business for more than 2 months
- ✗ Separated spouses who no longer live at that address

Signing a consent form

Each respondent will need to sign a consent form **before** they are interviewed. They should read this in full before signing it.

Please note that there are three types of consent forms:

- Consent form (aged 18+) – this should be used if the respondent is aged 18 or over
- Consent form (parents) – if the selected respondent is aged 15, 16 or 17 we require the permission of a parent or guardian before approaching them for an interview. If the target respondent within a household is one of these ages, then this form must be signed by the parent/guardian **before** you approach the young person
- Consent form (young person) – after you obtain permission from the parent/guardian, you must show this to the young person and ask them to read and sign it.

When they have signed the consent form, please write the assignment number and household number from the contact sheet in the spaces provided.

These consent forms are a crucial element of this study, and it is very important that we receive a signed form for every respondent.

Conducting the interview

The interview must be conducted in a way that respects the respondents' rights to privacy. Moreover, you must avoid embarrassing or harming the respondent.

The respondents must also be free to choose to participate or not without fear of repercussion.

The topic of the survey may raise questions about the health and safety of the respondent's emotional trauma and about trust and confidentiality. Some of the information provided by the respondents could be considered extremely personal. Because of this, ensuring the confidentiality of the information collected during the survey is important. Any information collected through this study must not be shared with anyone, including your family and friends, or with another respondent

It is important for you to remain calm, patient and composed no matter what information is revealed to you. You can acknowledge responses with statements like "I am listening, please go on". However, you should not see your role as a counsellor or therapist, regardless of whether you have training in that area. Your job as an interviewer is to collect reliable and valid statistical data and this could be jeopardised if you take on the role of counsellor.

When other people are going through difficult times, it is a natural tendency to feel sympathy and even pity for them. It is also natural to get upset and to try to help the respondent by offering advice and suggestions regarding what they might do. However, you are not in a position to do that.

To support any respondent who may need it you will provide information about support services (included on the Survey Information Sheet/Consent Form). This gives you a tool for responding to distress without compromising your role.

However, you do have a duty of care to any respondent who reveals that they are in a harmful situation. Please follow the standard procedures that we have in place for these situations:

- If the respondent reveals that they are in a potentially harmful situation, contact the office immediately for advice on how to proceed
- If the office is closed and you feel there is an immediate threat to the respondent, you should contact the emergency services immediately and notify the office that you have done this

Please be conscious of the Ipsos MRBI Child Protection Policy as this survey involves you interviewing young people on a sensitive issue that could lead them to reveal risk factors.

Privacy of the interview setting and dealing with interruptions

Privacy during the interview must be a priority to ensure accurate reporting of the data that we are collecting. If an interview is interrupted by someone else, there are several options:

- Explore ways to obtain privacy, so that you can continue with the interview.
- Reschedule the remainder of the interview.

For those aged 18 and over, you could stress to the respondent that it is important that you talk to him/her in private, and see if there is anywhere that you could go together to complete the interview. If this is not possible you will need to reschedule the interview.

For those aged under 18 (and maybe also those older than this who live at home with their parents), please be conscious that the parent may request to sit in on the interview and you should respect this request.

Please record all cases where someone else was present during all or part of the interview. There are questions at the end of the interview which allow you to do this.

General interviewing instructions

The following list contains some key guidelines about interviewing, which are discussed in more detail in the training. We are aware that these instructions are well known to most interviewers, but we would still like to stress the importance of these guidelines, especially because of the potential sensitivity of the topics of this survey.

- Be neutral throughout the interview
- Do not suggest answers to the respondent or emphasise one response category over another
- Do not change the wording or sequence of questions
- Follow the instructions on how to read each question
- Do not hurry the interview
- Do not show the CAPI screen to anyone, including the respondent (apart from during the self-completion exercise)
- Do not label the respondent

After the interview

Once you have completed the CAPI interview, you should provide the respondent with the self-completion questionnaire (if they have opted to complete the questionnaire in this way) and ask them to place it in the envelope once they have completed it. Remember to write the assignment number and household number on the front of the envelope and to input the serial number into the CAPI script when prompted.

After this, you should leave the following materials behind with the respondent:

- The Ipsos MRBI Thank You leaflet
- A blank copy of the consent form(s)

Questionnaire Instructions

This part of the manual relates to completing the questionnaires. There are two questionnaires – the main questionnaire (CAPI) and the self-completion questionnaire (CAPI or paper (if the respondent prefers not to use the laptop)).

Main questionnaire (CAPI)

The questionnaire is divided into the following sections:

- Smoking
- Alcohol
- Drug usage
- Opinions on matters relating to drugs
- Gambling
- Self-completion element
- Socio-demographics

An overview of each section is outlined below, as well as some instructions relating to specific questions.

Section 1: Smoking

This section asks about their current and past smoking, including the number of cigarettes/pipes/cigars smoked if they either currently smoke. It also asks a question about e-cigarettes.

Q.201 If the respondent smokes less often than once a week, please use the appropriate code for this.

If the respondent changes their smoking behaviour on a week-to-week basis (for example, changing from manufactured cigarettes to hand-rolled when they run out of money), then record whatever is most frequent.

Section 2: Alcohol

Many of these questions are similar to those asked on the Alcohol Diary Study that was conducted last year. It is only asked of drinkers.

Q.11b If the respondent is struggling to give an answer to this question as they have dramatically changed their drinking in the past year, for example if they quit alcohol, are/were pregnant etc. then use the appropriate code for this. However respondents should not be offered this code unless they are really struggling to answer the question.

Q.11c This question asks about standard drinks. This is a term that is used in order to calculate the amount of alcohol being consumed. In Ireland a standard drink has about 10 grams of pure alcohol in it. In the UK a standard drink, also called a unit of alcohol, has about 8 grams of pure alcohol. Here are some examples of a standard drink:

- A pub measure of spirits (35.5ml)
- A small glass of wine (12.5% volume)
- A half pint of normal beer
- An alcopop (275ml bottle)
- A bottle of wine at 12.5% alcohol contains about seven standard drinks
- A bottle of spirits (70cl) contains 21 standard drinks

The respondent should answer this question about what they would consider to be a normal drinking day for them. For example, if they only drink on Friday and Saturday then they should think about a normal Friday and Saturday.

The respondent should think about all the different types of drink that they would normally consume and add these up (for example, if they drink both beer and spirits on a day on which they drink, they should think of the total of both types of drink).

Section 3: Drugs

The questions relating to each drug follows the same structure. This structure is used commonly across various European drug prevalence studies, so for consistency purposes it is important that we replicate it here.

Each section starts off with a question on awareness of that drug and if the respondent is aware of it, they are asked whether they know anyone who (currently) takes that drug and whether they have ever taken it themselves. If they have taken the drug they are asked the age at which they first took it and whether they have taken it during the last 12 months. If they have taken it with the past 12 months they are asked whether they have taken it during the past 30 days, and if so on how many days. They are then asked how they take the drug and where they got it from.

The drugs are dealt with in the following order:

- Sedatives & tranquilisers
- Anti-depressants
- Cannabis
- Ecstasy
- Amphetamines
- Crack
- Cocaine
- Heroin
- LSD
- Solvents
- Poppers
- Magic Mushrooms
- Methadone
- Other Opiates
- Anabolic Steroids
- New Psychoactive Substances

You should be aware that “Other Opiates” includes some drugs that many people may take. These include drugs containing codeine (e.g. Nurofen Plus and Solpadeine). However, please do not highlight this to the respondent and allow them to identify it naturally on the Showcard. If asked, paracetamol is not included within this, nor is standard Nurofen (only the Plus variety).

Also, if a respondent identifies a drug that they think should be within a particular category, then accept their answer even if that drug is not listed on the showcard.

Anabolic Steroids - Please note that Creatine is not a form of anabolic steroid.

Section 4: Opinions on matters relating to drugs

Make sure to read out the preamble before Q.154 as the questionnaire moves away from collecting facts to collecting opinions. Please do not get drawn into a discussion with a respondent at these questions or indeed at any others.

Q.155 Note the wording of Q.155. Not disapproving is not the same as approving and it may be helpful to emphasise the not disapprove slightly when reading out the question.

Q.157 Note that this question is about risk, not whether or not they disapprove. You may remind them of this by reading out the question again and emphasise the words “risk harming themselves”.

Section 5: Gambling

This is a new section and we are looking to measure gambling in its widest form (for example, including Lotto, scratchcards). It asks respondents to identify which activities they have done over the past 12 months, how often and how much they have spent on that activity (in total over the past 12 months).

Q.210 Pay close attention to the wording of the categories here, as some could be confused. Code 5 relates to bets placed at a horse or dog racing meeting, i.e. where the respondent was at the races. If it is a bet placed on a horse/dog race through any other means it should be coded in 3 or 4.

Q.213 Note that this question asks about total expenditure over the past 12 months. The respondent should calculate this for the full year. For example, if the respondent spends €10 a week on the Lotto they would go in to the €501-€1,000 category (€10 per week x 52 weeks = €520)

Q.214 Please note the difference between codes 3 and 4. Code 3 relates to accounts where you lodge money into an account and then use this to bet with (for example, having an online account). Code 4 relates to situations where the bookmaker or casino offers credit that you bet with and then pay this off using your winnings or cash.

Section 6: Demographics

Most of these are questions that you will be familiar with and should not present any problems.

Q.C5a Please note code 8 on this answer list (Live with my parents/other family members). Anyone who lives at home with their parents should be coded here, even if they know that their parents own the home outright/on a mortgage, or if they pay rent to their parents. Codes 1 to 6 are only applicable if the respondent personally/jointly owns the house/pays a mortgage/rent.

- Q.C15** This question asks whether or not the respondent has ceased their full-time education. If they are not currently in education, but intend returning to education at some stage in the future, they should answer “Yes” at this question.

Section 7: Self-completion questionnaire

All respondents who have drunk alcohol, gambled or taken cannabis within the past 12 months should answer the relevant section here. The CAPI script will instruct you at the end of the survey whether that respondent should complete one.

Where possible this should be done directly onto the CAPI laptop – i.e. hand them the laptop when instructed and ask them to complete the questions themselves. If they feel uncomfortable using a laptop, they may complete the questionnaire on paper.

If the questionnaire is completed on paper, the respondent should place this in the envelope supplied. When instructed enter the serial number from the self-completion questionnaire. In addition, when the respondent hands you back the envelope, you must write the following information on the front of the envelope:

- Assignment number (4 digits)
- Household number (2 digits)

THE HOUSEHOLDER

«Address_1»

«Address_2»

«Address_3»

«Address_4»

«F18»

«F19»

Dear Sir/Madam,

Population study on behalf of the NACDA

The National Advisory Committee on Drugs and Alcohol (NACDA) has commissioned Ipsos MRBI to complete a national survey estimating the proportion of the population in Ireland who gamble and use tobacco, alcohol and other drugs and determine attitudes towards these.

The survey is funded by the Department of Health, as part of the National Drugs Strategy 2009-2016. This will allow us to identify gaps in policy and service provision for drugs users and others affected by drug use, and for those who gamble and others affected by gambling.

Over 7,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected. I hope you will consider taking part in this important research.

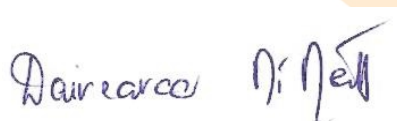
I would like to assure you that the data collected will remain confidential at all times and it will not be possible to identify you or any member of your household from the published information. The NACDA has published Bulletins from previous similar surveys in 2002/3, 2006/7 and 2010/11 and these are available on the NACDA website at www.nacda.ie.

The data collection at the selected households will commence in September 2014 and will finish in May 2015. In advance of your household being contacted you will receive a letter from Ipsos MRBI providing you with more detailed information.

I would like to thank you for taking the time to read this letter and request that you consider the request to participate by the Ipsos MRBI.

There is no need for you to do anything at this stage. However, if you would like to discuss any aspect of the study, please contact Ipsos MRBI on 01-4389000 or email nacda@ipsos.com. Alternatively you can contact the NACDA directly on 01-6354283, or by email at nacda@nacda.ie.

Yours sincerely,



Dairearca Ní Néill
National Advisory Committee on Drugs

«ASS_NO»

«ASS_NO»

HOUSEHOLDER

«Address_1»

«Address_2»

«Address_3»

«Address_4»

«F18»

Dear Sir/Madam,

Population study on behalf of the NACDA

Ipsos MRBI, the independent research and opinion polling company, is currently conducting a major study on behalf of the NACDA (National Advisory Committee on Drugs and Alcohol) and the Department of Health.

The survey will investigate people's views on a wide range of issues including their attitudes and behaviours in relation to gambling, tobacco, alcohol and other drugs. The information will help the NACDA give advice in relation to policy and services in these areas. Please see attached information leaflet for further information. Ipsos MRBI have been commissioned to conduct 7,000 interviews over the coming months. An interviewer may call to your door in the coming weeks and will ask someone in your household to take part in the study. It does not matter whether or not you have used tobacco, alcohol or other drugs or whether you have ever gambled.

Your participation in the research is completely voluntary. However, we would encourage you to take part as the information that you provide will be very important in shaping policies in the future.

About this survey

- Your interviewer will ask you for your name and address, but this will only be for quality control purposes and your name will not be used in any research report. **We will not give information about you to anyone else for any purpose.**
- This is a genuine research project and no-one will try to sell you anything or send you any follow-up junk mail as a result of this interview.
- All our interviewers carry identity cards and local Gardaí have been informed of our presence in the area.

Any questions?

Further information about the survey is provided on the accompanying information sheet and we ask that you read this before the interviewer calls. If you do not wish to participate in this study, or have any queries in relation to it, please contact 01-4389000 or email nacda@ipsos.com. Alternatively you can contact the NACDA directly on 01-6354283, or by email at nacda@nacda.ie.

Yours sincerely,



Kieran O'Leary
Research Director

Document1



Household Information Sheet

Population Survey commissioned by the National Advisory Committee on Drugs and Alcohol and the Department of Health

Your household has been randomly selected to take part in a survey commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) and the Department of Health. Before you decide whether to participate it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you would like to take part.

What is this research about?

The NACDA has commissioned Ipsos MRBI to complete a national survey about lifestyles on their behalf. The aim of this research is to estimate the number of people in Ireland who have gambled, used tobacco, alcohol and other drugs, and to gain a better understanding of how these substances are used and their effect(s) on family, friends and the community.

How was my household selected?

Over 7,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey 7,000 people over the age of 15. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

What will be involved if I take part?

A researcher from Ipsos MRBI will ask you a series of questions about gambling, tobacco, alcohol and other drug use, and your attitudes towards these. We ask that you answer these questions as accurately as possible. The survey will take approximately 30 minutes to complete and your answers to the survey will be encrypted on a password protected laptop.

What if I decide not to take part?

Your participation in the study is entirely voluntary. There is no obligation for you to take part. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer any questions you don't want to answer.

What will happen to the information I give?

Any information that you give the interviewer will be strictly confidential. The data will be encrypted on a password protected laptop. The confidential information will not be disclosed to anyone outside of the research team. The research team includes Ipsos MRBI and the NACDA. Only Ipsos MRBI will have access to the data. The NACDA will only have access to the anonymised data, i.e. the data without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all survey participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify you or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact you to check that the interviewer called and to verify your answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. The NACDA will be the Data Controller and the body responsible for the secure holding/retention of the data.

The first results of the research will be published in 2015 and will be available online at www.nacda.ie.

If I have any questions or problems, who can I contact?

If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 4389000 or by email at nacda@ipsos.com. Alternatively you may contact the NACDA at 01 6354283 by email at nacda@nacda.ie.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on drugs, alcohol or gambling and will not be able to provide individual advice on these topics. If you have any questions with respect to the issues covered by this research please contact:

- **HSE Drug and Alcohol Helpline:** Freephone 1800 459 459 www.drugs.ie
- **Gamblers Anonymous Ireland:** Dublin: 01-8721133, Cork: 087-2859552, Galway: 086-3494450, Tipperary: 085-7831045, Waterford: 087-1850294. www.gamblersanonymous.ie



Parent's Information Sheet and Consent Form

Population Survey commissioned by the National Advisory Committee on Drugs and Alcohol and the Department of Health

Your child _____ aged ____ has been randomly selected to take part in a survey commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) and the Department of Health. Under the rules of the Market Research Society it is not permissible to ask children any questions without an adult's permission. Before you decide whether to consent to your child's participation it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you consent to your child taking part.

What is this research about?

The NACDA has commissioned Ipsos MRBI to complete a national survey about lifestyles on their behalf. The aim of this research is to estimate the number of people in Ireland who have gambled, used tobacco, alcohol and other drugs, and to gain a better understanding of how these substances are used and their effect(s) on family, friends and the community.

How was my household selected?

Over 7,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey 7,000 people over the age of 15. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

How was my child selected?

Individuals aged 15 years or over within each randomly selected household were randomly selected to take part in the survey using the "last birthday rule" i.e. the person answering the door at the household was asked to list the birthdays of all residents in the target age group. The individual with the most recent birthday in the household was selected to take part.

What will be involved if my child takes part?

A researcher from Ipsos MRBI will ask your child a series of questions about gambling, tobacco, alcohol and other drug use, and their attitudes towards these. We ask that your child answer these questions as accurately as possible. The survey will take approximately 30 minutes to complete and their answers to the survey will be encrypted on a password protected computer.

What if I decide not to consent to my child taking part?

Participation in the study is entirely voluntary. There is no obligation for you to consent to your child taking part. If you do not consent to your child taking part your child will not be contacted to participate.

In addition, your child's participation in the study is entirely voluntary. There is no obligation on your child to take part. If he/she decides to take part but then changes his/her mind he/she is free to withdraw at any time without having to give a reason and any information that he/she has given will not be used. He/she is also entitled to refuse to answer any questions he/she doesn't want to answer. You may wish to be present at your child's interview, although he/she may be more comfortable if you were not present.

What will happen to the information my child gives?

Any information that your child gives the interviewer will be strictly confidential. However if your child discloses any information which leads the interviewer to believe the child may be at risk of harm, the information will be dealt with in accordance with the appropriate legislation.

The data will be encrypted on a password protected computer. The confidential information your child provides will not be disclosed to anyone outside of the research team. The research team includes the Ipsos MRBI and the NACDA, however only Ipsos MRBI will have access to the data. The NACDA will only have access to the anonymised data, i.e the dataset without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all study participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify your child or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your child's questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact your child to check that the interviewer called and to verify your child's answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. The NACDA will be the Data Controller and the body responsible for the secure holding/retention of the data.

The first results of the research will be published in 2015 and will be available online at www.nacda.ie.

If I have any questions or problems, who can I contact?

If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 438 9000 or by email at nacda@ipsos.com or the NACDA 01 6354283 or by email at nacda@nacda.ie.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on drugs, alcohol or gambling and will not be able to provide individual advice on these topics. If you have any questions with respect to the issues covered by this research please contact:

- **HSE Drug and Alcohol Helpline:** Freephone 1800 459 459 www.drugs.ie
- **Gamblers Anonymous Ireland:** Dublin: 01-8721133, Cork: 087-2859552, Galway: 086-3494450, Tipperary: 085-7831045, Waterford: 087-1850294. www.gamblersanonymous.ie

I confirm that I have been provided with the information I need to inform my decision to provide consent for my child _____ age _____ to take part in this research. I also confirm that I am willing for the anonymised information my child provides to be analysed and archived by Ipsos MRBI and the NACDA for research purposes.

Print Name:	
Signature:	
Relationship to the child:	
Date:	

For interviewer use:

Assignment number:	
Address number:	



Participant's Information Sheet and Consent Form

Population Survey commissioned by the National Advisory Committee on Drugs and Alcohol and the Department of Health

You have been randomly selected to take part in a survey commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) and the Department of Health. Before you decide whether to participate it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you would like to take part.

What is this research about?

The NACDA has commissioned Ipsos MRBI to complete a national survey about lifestyles on their behalf. The aim of this research is to estimate the number of people in Ireland who have gambled, used tobacco, alcohol and other drugs, and to gain a better understanding of how these substances are used and their effect(s) on family, friends and the community.

How was my household selected?

Over 7,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey 7,000 people over the age of 15. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

What will be involved if I take part?

A researcher from Ipsos MRBI will ask you a series of questions about gambling, tobacco, alcohol and other drug use, and your attitudes towards these. We ask that you answer these questions as accurately as possible. The survey will take approximately 30 minutes to complete and your answers to the survey will be encrypted on a password protected laptop.

What if I decide not to take part?

Your participation in the study is entirely voluntary. There is no obligation for you to take part. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer any questions you don't want to answer.

What will happen to the information I give?

Any information that you give the interviewer will be strictly confidential. The data will be encrypted on a password protected laptop. The confidential information will not be disclosed to anyone outside of the research team. The research team includes Ipsos MRBI and the NACDA. Only Ipsos MRBI will have access to the data. The NACDA will only have access to the anonymised data, i.e. the data without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all survey participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify you or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact you to check that the interviewer called and to verify your answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. The NACDA will be the Data Controller and the body responsible for the secure holding/retention of the data.

The first results of the research will be published in 2015 and will be available online at www.nacda.ie.

If I have any questions or problems, who can I contact?

If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 4389000 or by email at nacda@ipsos.com. Alternatively you may contact the NACDA at 01 6354283 by email at nacda@nacda.ie.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on drugs, alcohol or gambling and will not be able to provide individual advice on these topics. If you have any questions with respect to the issues covered by this research please contact:

- **HSE Drug and Alcohol Helpline:** Freephone 1800 459 459 www.drugs.ie
- **Gamblers Anonymous Ireland:** Dublin: 01-8721133, Cork: 087-2859552, Galway: 086-3494450, Tipperary: 085-7831045, Waterford: 087-1850294. www.gamblersanonymous.ie

I confirm that I have been provided with the information I need to inform my decision to take part in this research. I also confirm that I am willing for the anonymised information I provide to be analysed and archived by Ipsos MRBI and the NACDA for research purposes.

Print Name:	
Signature:	
Date:	

For interviewer use:

Assignment number:	
Address number:	



Young Person's Information Sheet and Consent Form

Population Survey commissioned by the National Advisory Committee on Drugs and Alcohol and the Department of Health

You have been randomly selected to take part in a survey commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) and the Department of Health. Before you decide whether to participate it is important for you to understand why this research is being done and what will be involved. We would like you to read this information sheet carefully and take time to decide whether or not you would like to take part. Under the rules of the Market Research Society it is not permissible to ask young people under 18 years of age any questions without an adult's permission, your parent/guardian has given permission for us to approach you.

What is this research about?

The NACDA has commissioned Ipsos MRBI to complete a national survey about lifestyles on their behalf. The aim of this research is to estimate the number of people in Ireland who have gambled, used tobacco, alcohol and other drugs, and to gain a better understanding of how these substances are used and their effect(s) on family, friends and the community.

How was my household selected?

Over 7,000 households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected.

Who can take part?

As part of this research we would like to survey 7,000 people over the age of 15. There is a need to survey people as young as 15 years old as it is important to understand changes in lifestyles over time.

How was I selected to take part?

Individuals aged 15 years or over within each selected household are eligible to take part in the survey. Our interviewers need to conduct a particular number of interviews with individuals within each age group, including those aged 15 to 17.

What will be involved if I take part?

A researcher from Ipsos MRBI will ask you a series of questions about gambling, tobacco, alcohol and other drug use, and your attitudes towards these. We ask that you answer these questions as accurately as possible. The survey will take approximately 30 minutes to complete and your answers to the survey will be encrypted on a password protected laptop.

What if I decide not to take part?

Your participation in the study is entirely voluntary. There is no obligation for you to take part. In addition if you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer any questions you don't want to answer.

What will happen to the information I give?

Any information that you give the interviewer will be strictly confidential. However if you disclose any information which leads the interviewer to believe the you may be at risk of harm the information will be dealt with in accordance with the appropriate legislation.

The data will be encrypted on a password protected computer. The confidential information you provide will not be disclosed to anyone outside of the research team. The research team includes the Ipsos MRBI and the NACDA. Only Ipsos MRBI will have access to the data. The NACDA will only have access to the anonymised data i.e. the data without information that could lead to an individual being identified.

The research data will remain confidential at all times and answers of all study participants will be grouped together so that no individual's responses will be identified. It will not be possible to identify you or any other member of your household from the published information, research data or the retained anonymised dataset. The alpha-numeric link between your questionnaire and the household information sheet will be deleted once the data collection supervisor has reviewed and verified the data.

A supervisor from Ipsos MRBI may contact you to check that the interviewer called and to verify your answers to a small number of questions. The household information sheet will also be destroyed once the data are reviewed and validated.

The anonymised data will be retained for additional analysis, including comparisons for future surveys. The data will not be used for commercial purposes or given to commercial entities for analysis. The NACDA will be the Data Controller and the body responsible for the secure holding/retention of the data. The first results of the research will be published in 2015 and will be available online at www.nacda.ie.

If I have any questions or problems, who can I contact?

If you have any questions or problems regarding this research you can contact Ipsos MRBI on 01 438 9000 or by email at nacda@ipsos.com or the NACDA at 01 635 4283 or by email at nacda@nacda.ie.

It is important to note that whilst Ipsos MRBI interviewers are experienced data collectors and have received specific training relating to this project, they are not experts on drugs, alcohol or gambling and will not be able to provide individual advice on these topics. If you have any questions with respect to the issues covered by this research please contact:

- **HSE Drug and Alcohol Helpline:** Freephone 1800 459 459 www.drugs.ie
- **Gamblers Anonymous Ireland:** Dublin: 01-8721133, Cork: 087-2859552, Galway: 086-3494450, Tipperary: 085-7831045, Waterford: 087-1850294. www.gamblersanonymous.ie

I confirm that I have been provided with the information I need to inform my decision to take part in this research. I also confirm that I am willing for the anonymised information I provide to be analysed and archived by Ipsos MRBI and the NACDA for research purposes.

Print Name:	
Signature:	
Date:	

For interviewer use:

Assignment number:	
Address number:	

INTERVIEWER: PLEASE MAKE SURE YOU HAVE A PARENTAL CONSENT FORM FOR THIS RESPONDENT